



## Section 1 - LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**1. During the 4-month period outlined on this calendar, that is, from (4 months ago) through (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1  Yes - Mark "Worked" (code 170) on ISS and SKIP to 4  
 2  No

**2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

1002

- 1  Yes  
 2  No - SKIP to 3a

**b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1004

x5  ALL

1006

1

1018

7

1030

13

1008

2

1020

8

1032

14

1010

3

1022

9

1034

15

1012

4

1024

10

1036

16

1014

5

1026

11

1038

17

1016

6

1028

12

1040

18

**c. Could . . . have taken a job during any of those weeks if one had been offered?**

1042

- 1  Yes - SKIP to 3a  
 2  No

**d. What was the main reason . . . could not take a job during those weeks?**

Mark (X) only one.

1044

- 1  Already had a job  
 2  Temporary illness  
 3  School  
 4  Other - Specify

**3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?**

1046

- 1  Yes - Mark "55" on ISS  
 2  No - SKIP to Check Item R2

**b. In which of the months shown on this calendar did . . . do that work?**

Mark (X) all that apply.

1048

1  Last month

1050

2  2 months ago

1052

3  3 months ago

1054

4  4 months ago

**CHECK ITEM R2**

Refer to item 2a above.  
 Did . . . spend any time looking for work or on layoff from a job?

1055

- 1  Yes - SKIP to 9a, page 4  
 2  No - SKIP to Check Item R6, page 4

**4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**

Note that the person did **not** have to work each week.

1056

- 1  Yes  
 2  No - SKIP to 6a

**5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

1058

- 1  Yes  
 2  No - SKIP to 8a, page 4

**b. (Please look at the calendar.) In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1060

x5  ALL

1062

1

1074

7

1086

13

1064

2

1076

8

1088

14

1066

3

1078

9

1090

15

1068

4

1080

10

1092

16

1070

5

1082

11

1094

17

1072

6

1084

12

1096

18

**c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?**

Mark (X) only one.

1098

- 1  On layoff  
 2  Own illness  
 3  On vacation  
 4  Bad weather  
 5  Labor dispute  
 6  New job to begin within 30 days  
 7  Other - Specify

} SKIP to 8a, page 4

NOTES

**Section 1 - LABOR FORCE AND RECIPIENCY (Continued)**

(SHOW FLASHCARD J)

**6a. Please look at the calendar. In which weeks did . . . have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1100	<input type="checkbox"/>	1	1112	<input type="checkbox"/>	7	1124	<input type="checkbox"/>	13
1102	<input type="checkbox"/>	2	1114	<input type="checkbox"/>	8	1126	<input type="checkbox"/>	14
1104	<input type="checkbox"/>	3	1116	<input type="checkbox"/>	9	1128	<input type="checkbox"/>	15
1106	<input type="checkbox"/>	4	1118	<input type="checkbox"/>	10	1130	<input type="checkbox"/>	16
1108	<input type="checkbox"/>	5	1120	<input type="checkbox"/>	11	1132	<input type="checkbox"/>	17
1110	<input type="checkbox"/>	6	1122	<input type="checkbox"/>	12	1134	<input type="checkbox"/>	18

**b. Of those weeks that . . . had a job or business, was . . . absent from work for any full weeks without pay?**

1136    1  Yes  
 2  No - SKIP to 7a

**c. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar?**

Mark (X) all that apply.

1138	<input type="checkbox"/>	1	1150	<input type="checkbox"/>	7	1162	<input type="checkbox"/>	13
1140	<input type="checkbox"/>	2	1152	<input type="checkbox"/>	8	1164	<input type="checkbox"/>	14
1142	<input type="checkbox"/>	3	1154	<input type="checkbox"/>	9	1166	<input type="checkbox"/>	15
1144	<input type="checkbox"/>	4	1156	<input type="checkbox"/>	10	1168	<input type="checkbox"/>	16
1146	<input type="checkbox"/>	5	1158	<input type="checkbox"/>	11	1170	<input type="checkbox"/>	17
1148	<input type="checkbox"/>	6	1160	<input type="checkbox"/>	12	1172	<input type="checkbox"/>	18

**d. What was the main reason . . . was absent from . . . 's job or business during those weeks?**

Mark (X) only one.

1174    1  On layoff  
 2  Own illness  
 3  On vacation  
 4  Bad weather  
 5  Labor dispute  
 6  New job to begin within 30 days  
 7  Other - Specify

**7a. I have marked that there were some weeks in this period in which . . . did NOT have a job or business. During that week or weeks, did . . . spend any time looking for work or on layoff?**

1176    1  Yes  
 2  No - SKIP to 7e

**b. In which of these weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1178    x5  All weeks without a job

1180	<input type="checkbox"/>	1	1192	<input type="checkbox"/>	7	1204	<input type="checkbox"/>	13
1182	<input type="checkbox"/>	2	1194	<input type="checkbox"/>	8	1206	<input type="checkbox"/>	14
1184	<input type="checkbox"/>	3	1196	<input type="checkbox"/>	9	1208	<input type="checkbox"/>	15
1186	<input type="checkbox"/>	4	1198	<input type="checkbox"/>	10	1210	<input type="checkbox"/>	16
1188	<input type="checkbox"/>	5	1200	<input type="checkbox"/>	11	1212	<input type="checkbox"/>	17
1190	<input type="checkbox"/>	6	1202	<input type="checkbox"/>	12	1214	<input type="checkbox"/>	18

**c. Could . . . have taken a job during those weeks if one had been offered?**

1216    1  Yes - SKIP to 7e  
 2  No

**d. What was the main reason . . . could not take a job during those weeks?**

Mark (X) only one.

1218    1  Already had a job  
 2  Temporary illness  
 3  School  
 4  Other - Specify

**e. During the weeks that . . . did not have a job, did . . . do any work at all that earned some money?**

1220    1  Yes - Mark "55" on ISS  
 2  No - SKIP to 8a, page 4

**f. In which of the months shown on this calendar did . . . do that work?**

Mark (X) all that apply.

1222    1  Last month  
 1224    2  2 months ago  
 1226    3  3 months ago  
 1228    4  4 months ago

NOTES

**Section 1 - LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</b></p>	<p><b>1230</b> <input type="text"/> <input type="text"/> Hours per week                  x3 <input type="checkbox"/> None } <i>SKIP to Check Item R4</i>                  x1 <input type="checkbox"/> DK }</p>
<p><b>CHECK ITEM R3</b> Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p><b>1231</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8c</i></p>
<p><b>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.</b></p>	<p><b>1232</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item R4</i></p>
<p><b>c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</b></p>	<p><b>1233</b> x5 <input type="checkbox"/> All weeks  <b>1234</b> <input type="checkbox"/> Weeks last month  <b>1235</b> <input type="checkbox"/> Weeks 2 months ago  <b>1236</b> <input type="checkbox"/> Weeks 3 months ago  <b>1237</b> <input type="checkbox"/> Weeks 4 months ago</p>
<p><b>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</b> <i>Mark (X) only one.</i></p>	<p><b>1238</b> 1 <input type="checkbox"/> Could not find a full-time job                  2 <input type="checkbox"/> Wanted to work part time                  3 <input type="checkbox"/> Health condition or disability                  4 <input type="checkbox"/> Normal working hours are fewer than 35 hours                  5 <input type="checkbox"/> Slack work or material shortage                  6 <input type="checkbox"/> Other - <i>Specify</i> <u>      </u></p>
<p><b>CHECK ITEM R4</b> Refer to item 5a, page 2. (Absent without pay any full weeks.) The response to item 5a is:</p>	<p><b>1239</b> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No - <i>SKIP to Check Item R5</i></p>
<p><b>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</b></p>	<p><b>1240</b> 1 <input type="checkbox"/> Yes - <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No - <i>SKIP to Check Item R5</i></p>
<p><b>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</b></p>	<p><b>1242</b> 1 <input type="checkbox"/> Yes - <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R5</b> Is "Worked" (code 170) marked on the ISS?</p>	<p><b>1244</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item R6</i></p>
<p><b>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</b></p>	<p><b>1246</b> 1 <input type="checkbox"/> Yes - <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R6</b> Refer to cc items 44-47. Was an interview obtained for . . . last reference period?</p>	<p><b>1248</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item R11, page 6</i></p>
<p><b>CHECK ITEM R7</b> Refer to item 11b, page 5. Are any income types listed in the Income Roster?</p>	<p><b>1250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>

NOTES

**Section 1 - LABOR FORCE AND RECIPIENCY (Continued)**

**11a. According to the information we obtained last time, . . . had received** (Read income types in item 11b, column (2)) **during (8 months ago) through** (5 months ago).

**At any time during the past 4 months, that is** \_\_\_\_\_, **and** \_\_\_\_\_, **did . . . get income from** (Read income types in item 11b, column (2))?

**MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.**

**c. If "No" in column (4) - In which month did . . . last receive** (Read income type)?

**Note** - The month entered in 11c must be within the previous reference period. Otherwise, if last received in a month within the reference period, change the entry in column (4) to "Yes" and mark ISS.

**b. INCOME ROSTER (ISS CODES 1-56)**

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
1		1252	1254 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1255 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256	1258 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1259 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260	1262 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1263 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264	1266 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1267 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268	1270 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1271 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272	1274 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1275 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276	1278 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1279 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280	1282 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1283 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received

**12a. At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?**

1284 1  Yes  
2  No - SKIP to 13a

**b. What was it called?**

**Anything else?**

Mark (X) all that apply.

- 1286 1  Social Security - Mark "1" on ISS  
 1288 2  Federal Supplemental Security Income (Federal SSI) - Mark "3" on ISS  
 1290 3  A serviceman's or widow's pension from the Department of Veterans Affairs (VA) - Mark "8" on ISS  
 1292 4  Anything else - Mark appropriate code on ISS and specify    
 1294

**13a. At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?**

1296 1  Yes  
2  No - SKIP to Check Item R8

**b. What was the source of this income?**

**Anything else?**

Mark (X) all that apply.

- 1298 1  U.S. Government Railroad Retirement - Mark "2" on ISS  
 1300 2  Black Lung payments - Mark "9" on ISS  
 1302 3  Workers' Compensation - Mark "10" on ISS  
 1304 4  Payments from a sickness, accident or disability insurance policy purchased on your own - Mark "13" on ISS  
 1306 5  Pension from company or union (including income from profit-sharing plans) - Mark "30" on ISS plans  
 1308 6  Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS  
 1310 7  U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS  
 1312 8  National Guard or Reserve Forces retirement - Mark "33" on ISS  
 1314 9  State government pension - Mark "34" on ISS  
 1316 10  Local government pension - Mark "35" on ISS  
 1318 11  Income from paid-up life insurance policies or annuities - Mark "36" on ISS  
 1320 12  Other or DK - Specify and enter code from income source list. If income type is not listed or "DK," enter code "38"   - Mark ISS  
 1322

**CHECK ITEM R8**

Refer to cc item 47. Is "Medicare" (code 172) marked for . . . ?

1324 1  Yes - Mark "172" on ISS and SKIP to Check Item R23, page 8  
2  No

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R9</b>	Refer to cc item 47. Is "Disabled" (code 171) marked for . . . ?	<b>1326</b>	1 <input type="checkbox"/> Yes – Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b>	Refer to cc item 24. Is . . . 65 years of age or older?	<b>1328</b>	1 <input type="checkbox"/> Yes – SKIP to 23a, page 8 2 <input type="checkbox"/> No – SKIP to Check Item R23, page 8
<b>CHECK ITEM R11</b>	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	<b>1330</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R12
<b>14a. How long did . . . serve on active duty in the Armed Forces?</b>		<b>1332</b>	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
<b>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</b>		<b>1334</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
<b>c. What is . . . 's VA percent disability rating?</b> Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		<b>1336</b>	<input type="text"/> <input type="text"/> <input type="text"/> Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201" x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
<b>d. During this 4-month period, did . . . receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</b>		<b>1338</b>	1 <input type="checkbox"/> Yes – Mark "8" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R12</b>	Refer to cc item 24. Is . . . 18 years of age or older?	<b>1340</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a
<b>15a. During this 4-month period, did . . . receive any Social Security payments?</b>		<b>1342</b>	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R14
<b>b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) – Mark (X) only one.</b>		<b>1344</b>	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 16a x1 <input type="checkbox"/> DK
<b>c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</b>		<b>1346</b>	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
<b>CHECK ITEM R13</b>	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	<b>1348</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
<b>15d. At what age did . . . begin receiving Social Security because of (his/her) disability?</b>		<b>1349</b>	<input type="text"/> <input type="text"/> Age in years } SKIP to 16a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM R14</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1350</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
<b>15e. During the 4-month period, did . . . receive any Social Security payments especially for . . . 's children (under 18)?</b>		<b>1352</b>	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No
<b>16a. During this 4-month period, did . . . (or any of . . . 's children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?</b>		<b>1354</b>	1 <input type="checkbox"/> Yes – Mark "3" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R15
<b>b. Who received the SSI (Supplemental Security Income) payment?</b> Mark (X) only one.		<b>1355</b>	1 <input type="checkbox"/> Adult(s) 2 <input type="checkbox"/> Child(ren) 3 <input type="checkbox"/> Both adult(s) and child(ren)
<b>c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b>		<b>1356</b>	1 <input type="checkbox"/> Yes – Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Refer to cc item 24. Is . . . 40 years of age or older?	<b>1358</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>17a. Has . . . ever retired from a job or business? (Include retirement from the military.)</b></p>	1360	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R16</i></p>
<p><b>b. During the 4-month period, did . . . receive any retirement income other than Social Security?</b></p>	1362	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17d</i></p>
<p><b>c. What kind of retirement income? Anything else?</b> <i>Mark (X) all that apply.</i></p>	1364	1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i>
	1366	2 <input type="checkbox"/> Pension from company or union (including income from profit sharing plans) – <i>Mark "30" on ISS</i>
	1368	3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i>
	1370	4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i>
	1372	5 <input type="checkbox"/> National Guard or Reserve Forces retirement – <i>Mark "33" on ISS</i>
	1374	6 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i>
	1376	7 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i>
	1378	8 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" z – Mark ISS</i>
	1380	<input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>
<p><b>d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b></p>	1382	<p>1 <input type="checkbox"/> Yes – <i>Mark "36" on ISS</i> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R16</b> <i>Refer to cc item 24.</i> Is . . . 70 years of age or older?</p>	1384	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item R17</i> 2 <input type="checkbox"/> No</p>
<p><b>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b></p>	1386	<p>1 <input type="checkbox"/> Yes – <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R17</i></p>
<p><b>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</b></p>	1388	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R17</i></p>
<p><b>c. What kind of income? Anything else?</b> <i>Mark (X) all that apply.</i></p>	1390	1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i>
	1392	2 <input type="checkbox"/> Black Lung payments – <i>Mark "9" on ISS</i>
	1394	3 <input type="checkbox"/> Workers' Compensation – <i>Mark "10" on ISS</i>
	1396	4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – <i>Mark "13" on ISS</i>
	1398	5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – <i>Mark "30" on ISS</i>
	1400	6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i>
	1402	7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i>
	1406	8 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i>
	1408	9 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i>
	1410	10 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" z – Mark ISS</i>
	1412	<input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>
<p><b>CHECK ITEM R17</b> <i>Refer to cc item 26a.</i> What is . . . 's marital status?</p>	1414	<p>1 <input type="checkbox"/> Married – <i>SKIP to 20</i> 2 <input type="checkbox"/> Widowed – <i>SKIP to 22a</i> 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – <i>SKIP to Check Item R18</i></p>
<p><b>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</b></p>	1416	<p>1 <input type="checkbox"/> Yes – <i>Mark "29" on ISS and SKIP to Check Item R18</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R18</i> x2 <input type="checkbox"/> Ref.</p>
<p><b>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</b> <i>If "Yes," mark previous marital status.</i></p>	1418	<p>1 <input type="checkbox"/> Widowed – <i>SKIP to 22a</i> 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – <i>SKIP to Check Item R21</i></p>

**Section 1 - LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R18</b>	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	<b>1420</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R19
<b>21.</b>	<b>Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)</b>	<b>1422</b>	1 <input type="checkbox"/> Yes - Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM R19</b>	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	<b>1424</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R21
<b>22a.</b>	<b>During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?</b>	<b>1426</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R21 x1 <input type="checkbox"/> DK }
<b>b.</b>	<b>What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.</b>	<b>1428</b>	1 <input type="checkbox"/> U.S. Government Railroad Retirement - Mark "2" on ISS
		<b>1430</b>	2 <input type="checkbox"/> Veterans' compensation or pension - Mark "8" on ISS
		<b>1432</b>	3 <input type="checkbox"/> Black Lung payments - Mark "9" on ISS
		<b>1434</b>	4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) - Mark "30" on ISS
		<b>1436</b>	5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS
		<b>1438</b>	6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS
		<b>1440</b>	7 <input type="checkbox"/> National Guard or Reserve Forces retirement - Mark "33" on ISS
		<b>1442</b>	8 <input type="checkbox"/> State government pension - Mark "34" on ISS
		<b>1444</b>	9 <input type="checkbox"/> Local government pension - Mark "35" on ISS
		<b>1446</b>	10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities - Mark "36" on ISS
		<b>1448</b>	11 <input type="checkbox"/> Payments from estate or trust - Mark "37" on ISS
		<b>1450</b>	12 <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" → Mark ISS
		<b>1452</b>	<input type="text"/> <input type="text"/>
<b>CHECK ITEM R20</b>	Refer to item 22b above. Is "Veterans compensation or pension" (box 2) marked?	<b>1454</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R21
<b>22c.</b>	<b>Did . . .'s late spouse die while in the service or from a service-related injury?</b>	<b>1456</b>	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
<b>CHECK ITEM R21</b>	Refer to cc item 24. Is . . . 65 years of age or older?	<b>1458</b>	1 <input type="checkbox"/> Yes - SKIP to 23a 2 <input type="checkbox"/> No
<b>CHECK ITEM R22</b>	Refer to item 18a, page 7. Does . . . have a work disability?	<b>1460</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R23
<b>23a.</b>	<b>Medicare is a health insurance program for disabled persons and persons 65 years old or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L) Was . . . covered by Medicare?</b>	<b>1462</b>	1 <input type="checkbox"/> Yes - Mark "172" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R23 x1 <input type="checkbox"/> DK }
<b>b.</b>	<b>May I see . . .'s Medicare card to record the claim number and type of coverage?</b>	<b>1464</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <b>1466</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <b>1467</b> <input type="text"/> <input type="text"/>
		<b>1468</b>	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) 4 <input type="checkbox"/> Card not available - ASK 23c } SKIP to Check Item R23
<b>c.</b>	<b>If I were to call later, would you be able to provide me with . . .'s Medicare number? (This information is especially important for the purposes of this survey.)</b>	<b>1470</b>	1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, Item 2 2 <input type="checkbox"/> No
<b>d.</b>	<b>Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . .'s Medicare help pay for doctor bills?</b>	<b>1472</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM R23</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1474</b>	1 <input type="checkbox"/> Yes - SKIP to Check Item R25 2 <input type="checkbox"/> No

**Section 1 - LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R24</b>	Refer to cc item 24. Is . . . 18 years of age or older?	<b>1476</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 27a</i>
<b>CHECK ITEM R25</b>	Interview status of . . . 's spouse.	<b>1480</b>	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to Check Item R27</i>
<b>CHECK ITEM R26</b>	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	<b>1481</b>	1 <input type="checkbox"/> Yes - <i>SKIP to 25a</i> 2 <input type="checkbox"/> No
<b>24.</b>	<b>Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)</b>	<b>1482</b>	1 <input type="checkbox"/> Yes - <i>Mark "27" on ISS</i> 2 <input type="checkbox"/> No
<b>25a.</b>	<b>(Other than what we have already mentioned,) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)</b>	<b>1484</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item R27</i>
<b>b.</b>	<b>What kind of welfare did . . . receive?</b> <b>Anything else?</b> <i>Mark (X) all that apply.</i>	<b>1486</b> <b>1488</b> <b>1490</b> <b>1492</b> <b>1494</b> <b>1496</b> <b>1498</b>	1 <input type="checkbox"/> AFDC - <i>Mark "20" on ISS</i> 2 <input type="checkbox"/> General Assistance or General Relief - <i>Mark "21" on ISS</i> 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance - <i>Mark "22" on ISS</i> 4 <input type="checkbox"/> Foster Child Care - <i>Mark "23" on ISS</i> 5 <input type="checkbox"/> WIC - <i>Mark "25" on ISS</i> 6 <input type="checkbox"/> Other or DK - <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "24" - Mark ISS</i> <input type="checkbox"/> <input type="checkbox"/>
<b>CHECK ITEM R27</b>	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	<b>1500</b>	1 <input type="checkbox"/> Yes - <i>SKIP to 26b</i> 2 <input type="checkbox"/> No
<b>26a.</b>	<i>(Refer to FLASHCARD M for Medicaid name.)</i> <b>During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?</b>	<b>1502</b>	1 <input type="checkbox"/> Yes - <i>Mark "173" on ISS and SKIP to 26c</i> 2 <input type="checkbox"/> No - <i>SKIP to Check Item R28</i>
<b>b.</b>	<i>(Refer to FLASHCARD M for Medicaid name.)</i> <b>According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?</b>	<b>1503</b>	1 <input type="checkbox"/> Yes - <i>Mark "173" on ISS</i> 2 <input type="checkbox"/> No - <i>SKIP to Check Item R28</i>
<b>c.</b>	<b>May I see . . . 's (Use local name for Medicaid) card to record the claim number?</b>	<b>1504</b> <b>1506</b>	<input type="text"/> - <input type="text"/> - <b>1505</b> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> Card not available      x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM R28</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1507</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item R29</i>
<b>26d.</b>	<b>Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?</b>	<b>1508</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item R29</i>
<b>e.</b>	<b>Which children were covered?</b>	<b>1510</b> <b>1512</b> <b>1514</b> <b>1516</b> <b>1518</b> <b>1520</b>	x5 <input type="checkbox"/> All children OR Person No.      Name <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____
<b>CHECK ITEM R29</b>	Refer to items 26a-26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	<b>1524</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 27a</i>
<b>26f.</b>	<b>Was (. . ./(and) . . . 's children) covered during the entire 4-month period?</b>	<b>1526</b>	1 <input type="checkbox"/> Yes - <i>SKIP to 27a</i> 2 <input type="checkbox"/> No
<b>g.</b>	<b>In which months was (. . ./(and) . . . 's children) covered?</b> <i>Mark (X) all that apply.</i>	<b>1528</b> <b>1530</b> <b>1532</b> <b>1534</b>	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>27a. Was . . . covered by a health insurance plan at any time during the past 4 months?</b> (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</p>	<p><b>1536</b>    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R30</i></p>
<p><i>ASK OR VERIFY</i></p> <p><b>b. Was . . . covered by a health insurance plan during the entire 4-month period?</b></p>	<p><b>1538</b>    1 <input type="checkbox"/> Yes – <i>SKIP to 27d</i> 2 <input type="checkbox"/> No</p>
<p><b>c. In which months was . . . covered?</b> <i>Mark (X) all that apply.</i></p>	<p><b>1540</b>    1 <input type="checkbox"/> Last month <b>1542</b>    2 <input type="checkbox"/> 2 months ago <b>1544</b>    3 <input type="checkbox"/> 3 months ago <b>1546</b>    4 <input type="checkbox"/> 4 months ago</p>
<p><b>d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</b></p>	<p><b>1547</b>    1 <input type="checkbox"/> Plan in own name – <i>SKIP to 27f</i> 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both – <i>SKIP to 27f</i></p>
<p><b>e. Whose plan covered . . . ?</b></p>	<p>Household member</p> <p>Person No.    Name</p> <p><b>1548</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____ } <i>SKIP to Check Item R30</i></p> <p>x4 <input type="checkbox"/> Not a Household member</p>
<p><b>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</b></p>	<p><b>1549</b>    1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK } <i>SKIP to 27h</i></p>
<p><b>g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</b></p>	<p><b>1550</b>    1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None</p>
<p><b>h. Was . . . 's plan an individual plan or a family plan?</b></p>	<p><b>1552</b>    1 <input type="checkbox"/> Individual – <i>SKIP to Check Item R30</i> 2 <input type="checkbox"/> Family</p>
<p><b>i. Other than . . . , which persons in this household were covered by . . . 's plan?</b>  (Include children as well as adults.)</p>	<p><b>1554</b>    x5 <input type="checkbox"/> All persons</p> <p>Person No.    Name</p> <p><b>1556</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1558</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1560</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1562</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1564</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1566</b>    x3 <input type="checkbox"/> None</p>
<p><b>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months?</b>  <i>Mark (X) all that apply.</i>  <i>If "Yes," "Who did the plan cover?"</i></p>	<p><b>1567</b>    1 <input type="checkbox"/> Yes, spouse <b>1568</b>    2 <input type="checkbox"/> Yes, child(ren) <b>1569</b>    3 <input type="checkbox"/> Yes, someone else <b>1570</b>    4 <input type="checkbox"/> No</p>

NOTES

**Section 1 - LABOR FORCE AND RECIPIENCY (Continued)**

**CHECK  
ITEM R30**

*Refer to cc items 24 and 27.*

Is . . . the designated parent or guardian of children under 15 years old who live in this household?

**1572**

- 1  Yes  
2  No - *SKIP to Check Item R31, page 12*

*ASK OR VERIFY -*

**27k. Were all of . . . 's children under 15 years old covered by a health insurance plan? (Include CHAMPUS, CHAMPVA, and military plans.)**

**(Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)**

**1574**

- 1  Yes - *SKIP to 27m*  
2  No

**i. Which children were covered by a health insurance plan?**

Person No.      Name

**1575**

--	--	--	--

**1576**

--	--	--	--

**1577**

--	--	--	--

**1578**

--	--	--	--

**1579**

--	--	--	--

OR

**1580**

- x3  None - *SKIP to Check Item R31, page 12*

**m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?**

**1581**

- 1  Yes - **Which children?**

Person No.      Name

**1582**

--	--	--	--

**1583**

--	--	--	--

**1584**

--	--	--	--

**1585**

--	--	--	--

**1586**

--	--	--	--

**1587**

- 2  No

NOTES

**Section 1 - LABOR FORCE AND RECIPIENCY (Continued)**

**CHECK ITEM R31**

Refer to item 28b.

Are any assets listed in the Asset Roster?

1588

- 1  Yes  
2  No - SKIP to 29a

**28a. According to the information we obtained last time, . . . had (Read asset types in item 28b, column (2)) during (8 months ago) through (5 months ago). At any time during the past 4 months, that is \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, did . . . still own (have) (Read asset types in item 28b, column (2))?** (Exclude IRA, Keogh, and 401K accounts.)

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

**b. ASSET ROSTER (ISS CODES 100-150, 174)**

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)
1		1590 <input type="checkbox"/>	1592 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
2		1594 <input type="checkbox"/>	1596 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
3		1598 <input type="checkbox"/>	1600 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
4		1602 <input type="checkbox"/>	1604 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
5		1606 <input type="checkbox"/>	1608 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
6		1610 <input type="checkbox"/>	1612 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
7		1614 <input type="checkbox"/>	1616 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
8		1618 <input type="checkbox"/>	1620 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No

(SHOW FLASHCARD N)

**29a. (In addition to the assets we have already mentioned) At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (Exclude assets held in IRA, Keogh, and 401K accounts.)**

1622

- 1  Yes  
2  No  
x1  DK  
x2  Ref. } SKIP to 30a

**b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401K accounts.)**

1626

1  Regular or passbook savings accounts - Mark "100" on ISS

1628

2  Money market deposit accounts - Mark "101" on ISS

1630

3  Certificates of deposit or other savings certificates - Mark "102" on ISS

1632

4  Interest-earning checking accounts (such as NOW or Super NOW accounts) - Mark "103" on ISS

1636

5  Money market funds - Mark "104" on ISS

1638

6  U.S. Government securities - Mark "105" on ISS

1640

7  Municipal or corporate bonds - Mark "106" on ISS

1642

8  Mortgages - Mark "130" on ISS

1644

9  U.S. Saving Bonds (E, EE) - Mark "174" on ISS

1646

10  Other interest-earning assets - Mark "107" on ISS and specify       

1648

11  Stocks or mutual fund shares - Mark "110" on ISS

1650

12  Rental property - Mark "120" on ISS

1652

13  Royalties - Mark "140" on ISS

1654

14  Other financial investments - Mark "150" on ISS and specify

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>30a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b></p>	1656	<p>1 <input type="checkbox"/> Yes, full time                  2 <input type="checkbox"/> Yes, part time                  3 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i></p>
<p><b>b. During which months was . . . enrolled?</b>  <i>Mark (X) all that apply.</i></p>	1658 1660 1662 1664 1666	<p>1 <input type="checkbox"/> All months                  2 <input type="checkbox"/> Last month                  3 <input type="checkbox"/> 2 months ago                  4 <input type="checkbox"/> 3 months ago                  5 <input type="checkbox"/> 4 months ago</p>
<p><b>c. At what level or grade was . . . enrolled?</b>  <i>(If enrolled at more than one level during this period, check most recent level.)</i></p>	1668	<p>1 <input type="checkbox"/> Elementary grades 1–8 } <i>SKIP to Check Item R32</i>                  2 <input type="checkbox"/> High school grades 9–12 }                  3 <input type="checkbox"/> College year 1                  4 <input type="checkbox"/> College year 2                  5 <input type="checkbox"/> College year 3                  6 <input type="checkbox"/> College year 4                  7 <input type="checkbox"/> College year 5                  8 <input type="checkbox"/> College year 6                  9 <input type="checkbox"/> Vocational school                  10 <input type="checkbox"/> Technical school                  11 <input type="checkbox"/> Business school</p>
<p><b>31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</b></p>	1670	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i></p>
<p><b>b. What kind of educational assistance did . . . receive? Anything else?</b>  <i>Mark (X) all that apply.</i></p>	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	<p>1 <input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>                  2 <input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i>                  3 <input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i>                  4 <input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i>                  5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i>                  6 <input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i>                  7 <input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i>                  8 <input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Student (SLS) – <i>Mark "180" on ISS</i>                  9 <input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i>                  10 <input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i>                  11 <input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i></p>
<p><b>CHECK ITEM R32</b> Refer to cc item 26a.                  Is code 2 (married, spouse absent) the current entry?</p>	1694	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item R33</i></p>
<p><i>ASK OR VERIFY –</i>  <b>32. Is . . . 's spouse in the Armed Forces?</b></p>	1696	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R33</b> Are any codes (excluding codes 171–173, 200–201) marked on the ISS?</p>	1698	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 34a</i></p>
<p><b>33a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?</b></p>	1700	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>Probe and resolve (Make corrections to ISS if necessary)</i></p>
<p><b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</b></p>	1702	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 34b</i>                  2 <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 15</i></p>
<p><b>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?</b></p>	1704	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 53</i></p>
<p><b>b. What kind of income did . . . receive? Anything else?</b></p>		<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <p>1706 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1708 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1710 <input type="text"/> <input type="text"/> <input type="text"/></p>

NOTES

## Section 2 – EARNINGS AND EMPLOYMENT

**CHECK  
ITEM E1**

Is "Worked" (code 170) marked on ISS?

**1712**

- 1  Yes
- 2  No – *SKIP to first ISS Code marked or Check Item P1, page 53*

**1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?**

**(Include unpaid worker in family business or farm as working for an employer.)**

**1714**

- 1  Worked for employer only
- 2  Self-employed only – *SKIP to Statement B, page 20*
- 3  Both worked for employer and self-employed

**b. How many different employers did . . . work for during this 4-month period?**

**1716**

- 1  1 employer
- 2  2 employers
- 3  3 or more employers

**CHECK  
ITEM E2**

*Refer to item 1a above.*

Is "Both worked for employer and self-employed" (box 3) marked?

**1718**

- 1  Yes
- 2  No – *SKIP to 2a, page 16*

**STATEMENT A** →

**. . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.**

NOTES

EARNINGS AND EMPLOYMENT

**Section 2 - EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 - EMPLOYER IDENTIFICATION NUMBER 1**

<p><b>2a. What is the name of the employer for whom . . . worked during this 4-month period?</b>  <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 Employer name                  2000 _____</p>
<p><b>CHECK ITEM E3</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.</p>	<p>PGM 8 Employer I.D. No.                  2002 <input type="text"/></p>
<p><b>CHECK ITEM E3.1</b> Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes                  2003 2 <input type="checkbox"/> No - SKIP to 2c</p>
<p><b>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b></p>	<p>PGM 8 1 <input type="checkbox"/> Yes                  2004 2 <input type="checkbox"/> No - SKIP to 3a</p>
<p><b>c. What kind of business or industry was (Name of company or business)?</b>                  For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 _____                  2005 _____</p>
<p>ASK OR VERIFY -  <b>d. Is it mainly -</b></p>	<p>PGM 8 1 <input type="checkbox"/> <b>Manufacturing?</b>                  2006 2 <input type="checkbox"/> <b>Wholesale Trade?</b>                  3 <input type="checkbox"/> <b>Retail Trade?</b>                  4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>e. What kind of work was . . . doing on this job?</b>                  For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8 _____                  2008 _____</p>
<p><b>f. What were . . . 's main activities or duties on this job?</b>                  For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 _____                  2010 _____</p>
<p>ASK OR VERIFY -  <b>g. Was . . . an employee of -</b></p>	<p>PGM 8 1 <input type="checkbox"/> <b>A private for-profit company or individual?</b>                  2012 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b>                  3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b>                  4 <input type="checkbox"/> <b>State government?</b>                  5 <input type="checkbox"/> <b>Local government?</b>                  6 <input type="checkbox"/> <b>Armed Forces?</b>                  7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b></p>
<p>ASK OR VERIFY -  <b>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</b></p>	<p>PGM 7 1 <input type="checkbox"/> Yes - SKIP to 4                  2014 2 <input type="checkbox"/> No</p>
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	<p>2016 FROM <input type="text"/> <input type="text"/> Month 2018 <input type="text"/> <input type="text"/> Day                  2020 TO <input type="text"/> <input type="text"/> Month 2022 <input type="text"/> <input type="text"/> Day</p>
<p><b>CHECK ITEM E3.2</b> Did . . . stop working for this employer during the reference period?</p>	<p>2023 1 <input type="checkbox"/> Yes.                  2 <input type="checkbox"/> No - SKIP to 4</p>
<p><b>3c. What is the main reason . . . stopped working for (Name of employer)?</b>                  Mark (X) only one.</p>	<p>2024 1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended                  2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job                  3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY -  <b>4. How many hours per week did . . . usually work at this job?</b></p>	<p>2025 <input type="text"/> <input type="text"/> Hours                  x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK</p>
<p><b>5. Was . . . paid by the hour on this job?</b></p>	<p>2026 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 7a</p>
<p><b>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b></p>	<p>2028 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. - SKIP to 9a</p>
<p><b>7a. During the 4-month period, how often was . . . paid on this job?</b></p>	<p>2029 1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way - Specify <input type="text"/>                  2 <input type="checkbox"/> Once each 2 weeks                  3 <input type="checkbox"/> Once a month                  4 <input type="checkbox"/> Twice a month                  5 <input type="checkbox"/> Unpaid in family business or farm - SKIP to Check Item E5</p>
<p><b>b. On what date was . . . last paid during this 4-month period?</b></p>	<p>2030 <input type="text"/> <input type="text"/> Month 2031 <input type="text"/> <input type="text"/> Day                  x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref.                  x4 <input type="checkbox"/> Not paid during this reference period x4 <input type="checkbox"/> Not paid during this reference period</p>

**Section 2 - EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 - EMPLOYER IDENTIFICATION NUMBER 1 (Continued)**

**8a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES - (Be sure to include cash housing allowances and any other special types of pay.)



**FIELD REPRESENTATIVE USE ONLY**

LAST MONTH

2032 \$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

2 MONTHS AGO

2034 \$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

3 MONTHS AGO

2036 \$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

4 MONTHS AGO

2038 \$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

**CHECK ITEM E4**

Is "DK" marked in all parts of item 8a?

2040 1  Yes  
 2  No - SKIP to 8c

**8b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

2042 1  Yes - Mark Callback Summary and Reminder Card, Item 3a  
 2  No

**9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?**

2044 1  Yes - SKIP to Check Item E5  
 2  No

**b. Was . . . covered by a union or employee association contract during the 4-month period?**

2046 1  Yes  
 2  No

**CHECK ITEM E5**

Number of employers in item 1b, page 15?

2048 1  1 employer - SKIP to Check Item E8, page 19  
 2  2 or more employers

NOTES

**Section 2 - EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 - EMPLOYER IDENTIFICATION NUMBER 2**

<p><b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 2100</p>	<p>Employer name</p> <hr/>
<p><b>CHECK ITEM E6</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.</p>	<p>PGM 8 2102</p>	<p>Employer I.D. No.</p> <hr/>
<p><b>CHECK ITEM E6.1</b> Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 2103</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10c</p>
<p><b>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b></p>	<p>PGM 8 2104</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11a</p>
<p><b>c. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2105</p>	<hr/>
<p>ASK OR VERIFY - <b>d. Is it mainly -</b></p>	<p>PGM 8 2106</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>e. What kind of work was . . . doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8 2108</p>	<hr/>
<p><b>f. What were . . . 's main activities or duties on this job?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2110</p>	<hr/>
<p>ASK OR VERIFY - <b>g. Was . . . an employee of -</b></p>	<p>PGM 8 2112</p>	<p>1 <input type="checkbox"/> <b>A private for-profit company or individual?</b> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b> 3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 4 <input type="checkbox"/> <b>State government?</b> 5 <input type="checkbox"/> <b>Local government?</b> 6 <input type="checkbox"/> <b>Armed Forces?</b> 7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b></p>
<p>ASK OR VERIFY - <b>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</b></p>	<p>PGM 7 2114</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 12 2 <input type="checkbox"/> No</p>
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	<p>2116 2120</p>	<p>FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day</p>
<p><b>CHECK ITEM E6.2</b> Did . . . stop working for this employer during the reference period?</p>	<p>2123</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12</p>
<p><b>11c. What is the main reason . . . stopped working for (Name of employer)?</b> <i>Mark (X) only one.</i></p>	<p>2124</p>	<p>1 <input type="checkbox"/> Laid off      4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired        5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged    6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY - <b>12. How many hours per week did . . . usually work at this job?</b></p>	<p>2125</p>	<p><input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p><b>13. Was . . . paid by the hour on this job?</b></p>	<p>2126</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 15a</p>
<p><b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b></p>	<p>2128</p>	<p>\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to 17a</p>
<p><b>15a. During the 4-month period, how often was . . . paid on this job?</b></p>	<p>2129</p>	<p>1 <input type="checkbox"/> Once a week      6 <input type="checkbox"/> Some other way - 2 <input type="checkbox"/> Once each 2 weeks      <i>Specify</i> <input type="text"/> 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm - SKIP to Check Item E8</p>
<p><b>b. On what date was . . . last paid during this 4-month period?</b></p>	<p>2130 2131</p>	<p><input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK      x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.      x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period      x4 <input type="checkbox"/> Not paid during this reference period</p>

**Section 2 - EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 - EMPLOYER IDENTIFICATION NUMBER 2 (Continued)**

**16a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES - (Be sure to include cash housing allowances and any other special types of pay.)



**FIELD REPRESENTATIVE USE ONLY**

LAST MONTH		2 MONTHS AGO		3 MONTHS AGO		4 MONTHS AGO	
2132	\$ <input type="text"/> . <input type="text"/> 00	2134	\$ <input type="text"/> . <input type="text"/> 00	2136	\$ <input type="text"/> . <input type="text"/> 00	2138	\$ <input type="text"/> . <input type="text"/> 00
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
Total \$		Total \$		Total \$		Total \$	
.00		.00		.00		.00	

**CHECK ITEM E7**

Is "DK" marked in all parts of item 16a?

2140 1  Yes  
2  No - SKIP to 17a

**16b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

2142 1  Yes - Mark Callback Summary and Reminder Card, Item 3b  
2  No

**17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?**

2144 1  Yes - SKIP to Check Item E8  
2  No

**b. Was . . . covered by a union or employee association contract during the 4-month period?**

2146 1  Yes  
2  No

**CHECK ITEM E8**

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?

2148 1  Yes - Read Statement B, page 20  
2  No - SKIP to first ISS Code or Check Item P1, page 53

**Section 2 - EARNINGS AND EMPLOYMENT (Continued)**

**Part B1 - SELF-EMPLOYMENT IDENTIFICATION NUMBER 1**

**STATEMENT B** → You said . . . was (also) self-employed during this 4-month period.

<p><b>1a. What was the name of . . . 's business/ professional practice/farm?</b> <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name</p>
<p><b>CHECK ITEM S1</b> Enter business ID number from cc item 43, or if a new business, enter the next available ID number.</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p>
<p><b>CHECK ITEM S1.1</b> Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 2202</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 1c</p>
<p><b>1b. Have . . . 's main activities or duties for this business changed during the past 8 months?</b></p>	<p>PGM 8 2203</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 1g</p>
<p><b>c. What kind of business was this?</b></p>	<p>PGM 8 2204</p>	
<p><i>ASK OR VERIFY -</i> <b>d. Is it mainly -</b></p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>e. What kind of work was . . . doing at this business?</b></p>	<p>PGM 8 2208</p>	
<p><b>f. What were . . . 's most important activities or duties at this business?</b></p>	<p>PGM 8 2210</p>	
<p><i>ASK OR VERIFY -</i> <b>g. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 7 2212</p>	<p><input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p><b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b>  <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10 x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM S2</b> Have questions 3-5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No</p>
<p><b>3. What was the total number of employees working for this business? Be sure to include . . .</b>  <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2218</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK</p>
<p><b>4a. Was . . . 's business incorporated?</b></p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 5a 2 <input type="checkbox"/> No</p>
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship - SKIP to 6a 2 <input type="checkbox"/> Partnership</p>
<p><b>5a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a</p>
<p><b>b. Which members?</b></p>	<p>2226 2228 2230</p>	<p>Person No.      Name</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p>
<p><b>6a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM S3</b> Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item S5</p>

**Section 2 - EARNINGS AND EMPLOYMENT (Continued)**

**Part B1 - SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)**

**7. READ STATEMENT ONLY ONCE PER RESPONDENT.**

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

**What was the total amount of income that . . . received from this business in (Read each month)?**

NOTE - Include total gross earnings before any deductions.



**FIELD REPRESENTATIVE  
USE ONLY**

LAST MONTH

2238 \$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	<input type="text"/>	.00
<b>Total \$</b>	<input type="text"/>	.00

2 MONTHS AGO

2240 \$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	<input type="text"/>	.00
<b>Total \$</b>	<input type="text"/>	.00

3 MONTHS AGO

2242 \$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	<input type="text"/>	.00
<b>Total \$</b>	<input type="text"/>	.00

4 MONTHS AGO

2244 \$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	<input type="text"/>	.00
<b>Total \$</b>	<input type="text"/>	.00

**CHECK  
ITEM S4**

Is "DK" marked in all parts of item 7?

- 2246 1  Yes  
2  No - SKIP to Check Item S5

**8. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

- 2248 1  Yes - Mark Reminder Card and Callback Summary, Item 4a  
2  No

**CHECK  
ITEM S5**

Refer to item 4a, page 20.

Is this business incorporated?

- 2250 1  Yes - SKIP to 11  
2  No

**CHECK  
ITEM S6**

Has information about the net profit (or loss) for this business already been obtained from another household member?

- 2252 1  Yes - SKIP to 11  
2  No

**9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?**

- 2254 1  Yes  
2  No - SKIP to 11

**b. What was the net profit or loss?**

If "broke even," enter \$1 in box.

2256 \$  .  00 } SKIP to 11  
2258 x4  Loss in amount box

**10. About how much did . . . earn from this business after expenses during the 4-month period?**

2260 \$  .  00

- x3  None  
x1  DK  
x2  Ref.

**11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?**

- 2262 1  Yes  
2  No - SKIP to first ISS Code or Check Item P1, page 53



**Section 2 - EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 - SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)**

**18. READ STATEMENT ONLY ONCE PER RESPONDENT.**

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?

NOTE - Include total gross earnings before any deductions.



**FIELD REPRESENTATIVE USE ONLY**

<b>2338</b>	LAST MONTH \$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total \$</b> _____ .00
<b>2340</b>	2 MONTHS AGO \$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total \$</b> _____ .00
<b>2342</b>	3 MONTHS AGO \$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total \$</b> _____ .00
<b>2344</b>	4 MONTHS AGO \$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total \$</b> _____ .00

**CHECK ITEM S10** Is "DK" marked in all parts of item 18?

**2346** 1  Yes  
2  No - SKIP to Check Item S11

**19. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

**2348** 1  Yes - Mark Reminder Card and Callback Summary, Item 4b  
2  No

**CHECK ITEM S11** Refer to item 15a, page 22.  
Is this business incorporated?

**2350** 1  Yes - SKIP to first ISS Code or Check Item P1, page 53  
2  No

**CHECK ITEM S12** Has information about the net profit (or loss) for this business already been obtained from another household member?

**2352** 1  Yes - SKIP to first ISS Code or Check Item P1, page 53  
2  No

**20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?**

**2354** 1  Yes  
2  No - SKIP to first ISS Code or Check Item P1, page 53

**b. What was the net profit or loss?**  
If "broke even," enter \$1 in box.

**2356** \$  .  00 } SKIP to first ISS Code or Check Item P1, page 53  
**2358** x4  Loss in amount box

**21. About how much did . . . earn from this business after expenses during the 4-month period?**

**2360** \$  .  00 } SKIP to first ISS Code or Check Item P1, page 53  
x3  None  
x1  DK  
x2  Ref.

## Section 3 - AMOUNTS

### Part A - GENERAL AMOUNTS (ISS Codes 1-56)

		Income code	Name of income type
<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b></p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>		3000	
<p><b>CHECK ITEM A1</b></p> <p>Mark (X) income type code.</p>		3002	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 27</p> <p>3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 26</p> <p>4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4</p> <p>5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A2</b></p> <p>Refer to cc item 27.</p> <p>Is . . . a designated parent or guardian of children under age 18?</p>		3004	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>		3006	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>		3008	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to 9a, page 26</p>
<p><b>CHECK ITEM A3</b></p> <p>Refer to cc item 26a.</p> <p>Is . . . married?</p>		3010	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>		3012	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A4</b></p> <p>Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>		3014	<p>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53</p> <p>2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM A4.1</b></p> <p>Refer to item 11b, page 5.</p> <p>Is this income source listed on the income roster?</p>		3015	<p>1 <input type="checkbox"/> Yes - ASK 5b</p> <p>2 <input type="checkbox"/> No - ASK 5a</p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b></p> <p><i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p><b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b></p> <p>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>			<p><b>5c. Some persons receive more than one payment per month for certain income types.</b></p> <p>► For ISS codes 1 or 2 (SS or RR) read -</p> <p><b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b></p> <p>► For all other ISS codes read -</p> <p><b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b></p>
<p>(Last month) . . . . .</p>		3016	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>		3020	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>		3024	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>		3028	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
		3018	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
		3022	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
		3026	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
		3030	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>

AMOUNTS - PART A

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**CHECK ITEM A5**

Mark (X) income type code.

- 3032** 1  ISS Code 1 or 2 - SKIP to Check Item A6.1  
 2  ISS Code 8 or 20 through 24  
 3  All other income codes - SKIP to next ISS Code or Check Item P1, page 53

**6a. Were all the people living here covered by . . . 's payments?**

- 3034** 1  Yes - SKIP to Check Item A6  
 2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3036</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3038</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3040</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3042</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3044</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3046</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3048</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3050</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3052</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3054</b>	<input type="checkbox"/>	<input type="checkbox"/>

**CHECK ITEM A6**

Is this ISS Code "8"?

- 3056** 1  Yes  
 2  No - SKIP to next ISS Code or Check Item P1, page 53

**7a. What type of Veterans' payments did . . . receive?**

- 3058** 1  Service-connected disability compensation  
 2  Survivor benefits  
 3  Veterans' pension  
 4  Other Veterans' payments

**b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?**

- 3060** 1  Yes } SKIP to next ISS Code or  
 2  No } Check Item P1, page 53  
 x1  DK }

**CHECK ITEM A6.1**

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?

- 3062** 1  Yes - SKIP to Check Item A7  
 2  No

*(SHOW FLASHCARD O)*  
**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

- 3064** 1  Blue  
 2  Buff  
 3  Direct deposit  
 4  Other  
 x1  DK

**b. Do . . . 's payments usually come on the first of the month or the third?**

- 3066** 1  First  
 2  Third  
 3  Other  
 x1  DK

**CHECK ITEM A7**

Refer to item 2, page 24.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

- 3068** 1  Yes  
 2  No - SKIP to next ISS Code or Check Item P1, page 53

NOTES

AMOUNTS - PART A

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3070** 1  Yes  
 2  No  
 X1  DK

**9b. If "Yes" in item 9a - How much was received?**

**3072** \$  .   **00**  
 X1  DK  
 X2  Ref.

(2 months ago) .....

**3074** 1  Yes  
 2  No  
 X1  DK

**3076** \$  .   **00**  
 X1  DK  
 X2  Ref.

(3 months ago) .....

**3078** 1  Yes  
 2  No  
 X1  DK

**3080** \$  .   **00**  
 X1  DK  
 X2  Ref.

(4 months ago) .....

**3082** 1  Yes  
 2  No  
 X1  DK

**3084** \$  .   **00**  
 X1  DK  
 X2  Ref.

*VERIFY IF ONLY ONE CHILD OR ASK -*

**10a. Were all children living here covered by these payments?**

**3086** 1  Yes - SKIP to next ISS Code or Check Item P1, page 53  
 2  No

**b. Which children were covered?**

	Person No.	Name
<b>3088</b>	<input type="text"/>	<input type="text"/>
<b>3090</b>	<input type="text"/>	<input type="text"/>
<b>3092</b>	<input type="text"/>	<input type="text"/>
<b>3094</b>	<input type="text"/>	<input type="text"/>
<b>3096</b>	<input type="text"/>	<input type="text"/>
<b>3098</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3100** 1  Yes - SKIP to Check Item A7.1  
 2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3102</b>	<input type="text"/>	<input type="text"/>
<b>3104</b>	<input type="text"/>	<input type="text"/>
<b>3106</b>	<input type="text"/>	<input type="text"/>
<b>3108</b>	<input type="text"/>	<input type="text"/>
<b>3110</b>	<input type="text"/>	<input type="text"/>
<b>3112</b>	<input type="text"/>	<input type="text"/>
<b>3114</b>	<input type="text"/>	<input type="text"/>
<b>3116</b>	<input type="text"/>	<input type="text"/>

NOTES

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**CHECK ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

- 3121** 1  Yes - ASK 12b  
2  No - ASK 12a

**12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

- 3122** 1  Yes  
2  No  
x1  DK

**12c. If "Yes" in item 12b, ask - What was the total amount?**

**3124** \$  .  00  
x1  DK  
x2  Ref.

(2 months ago) .....

- 3126** 1  Yes  
2  No  
x1  DK

**3128** \$  .  00  
x1  DK  
x2  Ref.

(3 months ago) .....

- 3130** 1  Yes  
2  No  
x1  DK

**3132** \$  .  00  
x1  DK  
x2  Ref.

(4 months ago) .....

- 3134** 1  Yes  
2  No  
x1  DK

**3136** \$  .  00  
x1  DK  
x2  Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

- 3138** 1  Last month  
**3140** 2  2 months ago  
**3142** 3  3 months ago  
**3144** 4  4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3146</b>	<input type="text"/>	498
<b>3148</b>	<input type="text"/>	
<b>3150</b>	<input type="text"/>	
<b>3152</b>	<input type="text"/>	
<b>3154</b>	<input type="text"/>	

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

## Section 3 - AMOUNTS

### Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b></p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code</p> <p style="text-align: center;"><b>3200</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p>Name of income type</p>
<p><b>CHECK ITEM A1</b> Mark (X) income type code.</p>	<p style="text-align: center;"><b>3202</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 31                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 30                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4                  5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A2</b> Refer to cc item 27.</p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p style="text-align: center;"><b>3204</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</b></p>	<p style="text-align: center;"><b>3206</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p style="text-align: center;"><b>3208</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 9a, page 30</p>
<p><b>CHECK ITEM A3</b> Refer to cc item 26a.</p> <p>Is . . . married?</p>	<p style="text-align: center;"><b>3210</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p style="text-align: center;"><b>3212</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p style="text-align: center;"><b>3214</b></p>	<p>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM A4.1</b> Refer to item 11b, page 5.</p> <p>Is this income source listed on the income roster?</p>	<p style="text-align: center;"><b>3215</b></p>	<p>1 <input type="checkbox"/> Yes - ASK 5b                  2 <input type="checkbox"/> No - ASK 5a</p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b></p> <p><i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p><b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b></p> <p>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<p style="text-align: center;"><b>3216</b></p>	<p><b>5c. Some persons receive more than one payment per month for certain income types.</b></p> <p>► For ISS codes 1 or 2 (SS or RR) read -</p> <p><b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b></p> <p>► For all other ISS codes read -</p> <p><b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b></p>
<p>(Last month) . . . . .</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;"><b>3218</b></p> <p>\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;"><b>3220</b></p> <p>\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;"><b>3224</b></p> <p>\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;"><b>3228</b></p> <p>\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**CHECK  
ITEM A5**

Mark (X) income type code.

**3232**

- 1  ISS Code 1 or 2 - SKIP to Check Item A6.1
- 2  ISS Code 8 or 20 through 24
- 3  All other income codes - SKIP to next ISS Code or Check Item P1, page 53

**6a. Were all the people living here covered by . . . 's payments?**

**3234**

- 1  Yes - SKIP to Check Item A6
- 2  No

**b. Which persons were covered?**

**3236**

Person No. Name

**3238**

**3240**

**3242**

**3244**

**3246**

**3248**

**3250**

**3252**

**3254**

**CHECK  
ITEM A6**

Is this ISS Code "8"?

**3256**

- 1  Yes
- 2  No - SKIP to next ISS Code or Check Item P1, page 53

**7a. What type of Veterans' payments did . . . receive?**

**3258**

- 1  Service-connected disability compensation
- 2  Survivor benefits
- 3  Veterans' pension
- 4  Other Veterans' payments

**b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?**

**3260**

- 1  Yes
  - 2  No
  - x1  DK
- } SKIP to next ISS Code or Check Item P1, page 53

**CHECK  
ITEM A6.1**

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?

**3262**

- 1  Yes - SKIP to Check Item A7
- 2  No

(SHOW FLASHCARD O)

**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

**3264**

- 1  Blue
- 2  Buff
- 3  Direct deposit
- 4  Other
- x1  DK

**b. Do . . . 's payments usually come on the first of the month or the third?**

**3266**

- 1  First
- 2  Third
- 3  Other
- x1  DK

**CHECK  
ITEM A7**

Refer to item 2, page 28.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

**3268**

- 1  Yes
- 2  No - SKIP to next ISS Code or Check Item P1, page 53

NOTES

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3270** 1  Yes  
2  No  
x1  DK

**9b. If "Yes" in item 9a - How much was received?**

**3272** \$  . **00**  
x1  DK  
x2  Ref.

(2 months ago) .....

**3274** 1  Yes  
2  No  
x1  DK

**3276** \$  . **00**  
x1  DK  
x2  Ref.

(3 months ago) .....

**3278** 1  Yes  
2  No  
x1  DK

**3280** \$  . **00**  
x1  DK  
x2  Ref.

(4 months ago) .....

**3282** 1  Yes  
2  No  
x1  DK

**3284** \$  . **00**  
x1  DK  
x2  Ref.

VERIFY IF ONLY ONE CHILD OR ASK -

**10a. Were all children living here covered by these payments?**

**3286** 1  Yes - SKIP to next ISS Code or Check Item P1, page 53  
2  No

**b. Which children were covered?**

	Person No.	Name
<b>3288</b>	<input type="text"/>	<input type="text"/>
<b>3290</b>	<input type="text"/>	<input type="text"/>
<b>3292</b>	<input type="text"/>	<input type="text"/>
<b>3294</b>	<input type="text"/>	<input type="text"/>
<b>3296</b>	<input type="text"/>	<input type="text"/>
<b>3298</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3300** 1  Yes - SKIP to Check Item A7.1  
2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3302</b>	<input type="text"/>	<input type="text"/>
<b>3304</b>	<input type="text"/>	<input type="text"/>
<b>3306</b>	<input type="text"/>	<input type="text"/>
<b>3308</b>	<input type="text"/>	<input type="text"/>
<b>3310</b>	<input type="text"/>	<input type="text"/>
<b>3312</b>	<input type="text"/>	<input type="text"/>
<b>3314</b>	<input type="text"/>	<input type="text"/>
<b>3316</b>	<input type="text"/>	<input type="text"/>

NOTES

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**CHECK  
ITEM A7.1**

Refer to item 11b, page 5.  
Is "Food Stamps" (code 27) listed on the  
income roster?

- 3321** 1  Yes - ASK 12b  
2  No - ASK 12a

**12a. In which month, during the 4 month reference  
period, did . . . begin to receive food stamps?  
Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received  
and mark "No" for the previous months. Then ask if  
it was received in each remaining month of the  
reference period.

**b. Did . . . receive food stamps in (Read each  
month)?**

NOTE - Food stamp benefits may be adjusted for  
inflation in July and October.

(Last month) .....

- 3322** 1  Yes  
2  No  
x1  DK

**12c. If "Yes" in item 12b, ask - What  
was the total amount?**

**3324** \$  .  00  
x1  DK  
x2  Ref.

(2 months ago) .....

- 3326** 1  Yes  
2  No  
x1  DK

**3328** \$  .  00  
x1  DK  
x2  Ref.

(3 months ago) .....

- 3330** 1  Yes  
2  No  
x1  DK

**3332** \$  .  00  
x1  DK  
x2  Ref.

(4 months ago) .....

- 3334** 1  Yes  
2  No  
x1  DK

**3336** \$  .  00  
x1  DK  
x2  Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each  
month)?**

Mark (X) all that apply.

- 3338** 1  Last month  
**3340** 2  2 months ago  
**3342** 3  3 months ago  
**3344** 4  4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3346</b>	<input type="text"/>	<input type="text"/>
<b>3348</b>	<input type="text"/>	<input type="text"/>
<b>3350</b>	<input type="text"/>	<input type="text"/>
<b>3352</b>	<input type="text"/>	<input type="text"/>
<b>3354</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

## Section 3 - AMOUNTS

### Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: right;">Income code      Name of income type</p> <p><b>3400</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>	
<p><b>CHECK ITEM A1</b>      <i>Mark (X) income type code.</i></p>	<p><b>3402</b>    1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 35                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 34                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4                  5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>	
<p><b>CHECK ITEM A2</b>      <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3404</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>	
<p><b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3406</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>	
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3408</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 9a, page 34</p>	
<p><b>CHECK ITEM A3</b>      <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>3410</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>	
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3412</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>	
<p><b>CHECK ITEM A4</b>      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p><b>3414</b>    1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53                  2 <input type="checkbox"/> No</p>	
<p><b>CHECK ITEM A4.1</b>      <i>Refer to item 1 b, page 5.</i>                  Is this income source listed on the income roster?</p>	<p><b>3415</b>    1 <input type="checkbox"/> Yes - ASK 5b                  2 <input type="checkbox"/> No - ASK 5a</p>	
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b>   <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p><b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>                   NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5c. Some persons receive more than one payment per month for certain income types.</b>                  ► For ISS codes 1 or 2 (SS or RR) read -   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b>                   ► For all other ISS codes read -   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b></p>	
<p>(Last month) .....</p>	<p><b>3416</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3418</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) .....</p>	<p><b>3420</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3422</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) .....</p>	<p><b>3424</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3426</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) .....</p>	<p><b>3428</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3430</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>



**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3470** 1  Yes  
2  No  
x1  DK

**9b. If "Yes" in item 9a - How much was received?**

**3472** \$  .  00  
x1  DK  
x2  Ref.

(2 months ago) .....

**3474** 1  Yes  
2  No  
x1  DK

**3476** \$  .  00  
x1  DK  
x2  Ref.

(3 months ago) .....

**3478** 1  Yes  
2  No  
x1  DK

**3480** \$  .  00  
x1  DK  
x2  Ref.

(4 months ago) .....

**3482** 1  Yes  
2  No  
x1  DK

**3484** \$  .  00  
x1  DK  
x2  Ref.

*VERIFY IF ONLY ONE CHILD OR ASK -*

**10a. Were all children living here covered by these payments?**

**3486** 1  Yes - *SKIP to next ISS Code or Check Item P1, page 53*  
2  No

**b. Which children were covered?**

	Person No.	Name
<b>3488</b>	<input type="text"/>	<input type="text"/>
<b>3490</b>	<input type="text"/>	<input type="text"/>
<b>3492</b>	<input type="text"/>	<input type="text"/>
<b>3494</b>	<input type="text"/>	<input type="text"/>
<b>3496</b>	<input type="text"/>	<input type="text"/>
<b>3498</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3500** 1  Yes - *SKIP to Check Item A7.1*  
2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3502</b>	<input type="text"/>	<input type="text"/>
<b>3504</b>	<input type="text"/>	<input type="text"/>
<b>3506</b>	<input type="text"/>	<input type="text"/>
<b>3508</b>	<input type="text"/>	<input type="text"/>
<b>3510</b>	<input type="text"/>	<input type="text"/>
<b>3512</b>	<input type="text"/>	<input type="text"/>
<b>3514</b>	<input type="text"/>	<input type="text"/>
<b>3516</b>	<input type="text"/>	<input type="text"/>

NOTES

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**CHECK ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

- 3521** 1  Yes - ASK 12b  
2  No - ASK 12a

**12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

- 3522** 1  Yes  
2  No  
x1  DK

**12c. If "Yes" in item 12b, ask - What was the total amount?**

**3524** \$  .  00  
x1  DK  
x2  Ref.

(2 months ago) .....

- 3526** 1  Yes  
2  No  
x1  DK

**3528** \$  .  00  
x1  DK  
x2  Ref.

(3 months ago) .....

- 3530** 1  Yes  
2  No  
x1  DK

**3532** \$  .  00  
x1  DK  
x2  Ref.

(4 months ago) .....

- 3534** 1  Yes  
2  No  
x1  DK

**3536** \$  .  00  
x1  DK  
x2  Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

- 3538** 1  Last month  
**3540** 2  2 months ago  
**3542** 3  3 months ago  
**3544** 4  4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3546</b>	<input type="text"/>	<input type="text"/>
<b>3548</b>	<input type="text"/>	<input type="text"/>
<b>3550</b>	<input type="text"/>	<input type="text"/>
<b>3552</b>	<input type="text"/>	<input type="text"/>
<b>3554</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

## Section 3 - AMOUNTS

### Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code <b>3600</b> <input type="text"/></p>	<p>Name of income type <input type="text"/></p>
<p><b>CHECK ITEM A1</b> Mark (X) income type code.</p>	<p><b>3602</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 39                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 38                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4                  5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A2</b> Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3604</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3606</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3608</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 9a, page 38</p>
<p><b>CHECK ITEM A3</b> Refer to cc item 26a. Is . . . married?</p>	<p><b>3610</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3612</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p><b>3614</b></p>	<p>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM A4.1</b> Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p><b>3615</b></p>	<p>1 <input type="checkbox"/> Yes - ASK 5b                  2 <input type="checkbox"/> No - ASK 5a</p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p><b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>3616</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(Last month) . . . . .</p>	<p><b>3618</b></p>	<p>► For ISS codes 1 or 2 (SS or RR) read -   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b>                   ► For all other ISS codes read -   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b></p> <p>\$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>3620</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p><b>3622</b></p> <p>\$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>3624</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p><b>3626</b></p> <p>\$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>3628</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p><b>3630</b></p> <p>\$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3632</b>	<input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1 <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Check Item P1, page 53
----------------------	----------------------------	-------------	---

<b>6a. Were all the people living here covered by ...'s payments?</b>	<b>3634</b>	<input type="checkbox"/> Yes - SKIP to Check Item A6 <input type="checkbox"/> No
---	-------------	---

<b>b. Which persons were covered?</b>		Person No.      Name
	<b>3636</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3638</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3640</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3642</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3644</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3646</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3648</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3650</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3652</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>3654</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<b>3656</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
----------------------	-----------------------	-------------	---

<b>7a. What type of Veterans' payments did ... receive?</b>	<b>3658</b>	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
---	-------------	---

<b>b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3660</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <div style="float: right; margin-left: 20px;">                 } SKIP to next ISS Code or Check Item P1, page 53             </div>
--	-------------	--

<b>CHECK ITEM A6.1</b>	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	<b>3662</b>	<input type="checkbox"/> Yes - SKIP to Check Item A7 <input type="checkbox"/> No
------------------------	---	-------------	---

<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<b>3664</b>	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
--	-------------	--

<b>b. Do ...'s payments usually come on the first of the month or the third?</b>	<b>3666</b>	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
--	-------------	---

<b>CHECK ITEM A7</b>	Refer to item 2, page 36. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	<b>3668</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
----------------------	--	-------------	---

NOTES
-------

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

**9b. If "Yes" in item 9a - How much was received?**

(Last month) .....	<b>3670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>3672</b> \$ <input type="text"/> . <input type="text"/> <b>00</b> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(2 months ago) .....	<b>3674</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>3676</b> \$ <input type="text"/> . <input type="text"/> <b>00</b> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(3 months ago) .....	<b>3678</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>3680</b> \$ <input type="text"/> . <input type="text"/> <b>00</b> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(4 months ago) .....	<b>3682</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	<b>3684</b> \$ <input type="text"/> . <input type="text"/> <b>00</b> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.

*VERIFY IF ONLY ONE CHILD OR ASK -*  
**10a. Were all children living here covered by these payments?**

**3686** 1  Yes - SKIP to next ISS Code or Check Item P1, page 53  
2  No

**b. Which children were covered?**

	Person No.	Name
<b>3688</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3690</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3692</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3694</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3696</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3698</b>	<input type="text"/> <input type="text"/> <input type="text"/>	

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3700** 1  Yes - SKIP to Check Item A7.1  
2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3702</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3704</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3706</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3708</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3710</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3712</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3714</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3716</b>	<input type="text"/> <input type="text"/> <input type="text"/>	

NOTES

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**CHECK ITEM A7.1**

Refer to item 11b, page 5.  
Is "Food Stamps" (code 27) listed on the income roster?

- 3721** 1  Yes - ASK 12b  
2  No - ASK 12a

**12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

- 3722** 1  Yes  
2  No  
x1  DK

**12c. If "Yes" in item 12b, ask - What was the total amount?**

**3724** \$  .  00  
x1  DK  
x2  Ref.

(2 months ago) .....

- 3726** 1  Yes  
2  No  
x1  DK

**3728** \$  .  00  
x1  DK  
x2  Ref.

(3 months ago) .....

- 3730** 1  Yes  
2  No  
x1  DK

**3732** \$  .  00  
x1  DK  
x2  Ref.

(4 months ago) .....

- 3734** 1  Yes  
2  No  
x1  DK

**3736** \$  .  00  
x1  DK  
x2  Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

- 3738** 1  Last month  
**3740** 2  2 months ago  
**3742** 3  3 months ago  
**3744** 4  4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3746</b>	<input type="text"/>	<input type="text"/>
<b>3748</b>	<input type="text"/>	<input type="text"/>
<b>3750</b>	<input type="text"/>	<input type="text"/>
<b>3752</b>	<input type="text"/>	<input type="text"/>
<b>3754</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

## Section 3 - AMOUNTS

### Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code <b>3800</b> <input type="text"/></p>	<p>Name of income type <input type="text"/></p>
<p><b>CHECK ITEM A1</b> Mark (X) income type code.</p>	<p><b>3802</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 43                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 42                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4                  5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A2</b> Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3804</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3806</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3808</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 9a, page 42</p>
<p><b>CHECK ITEM A3</b> Refer to cc item 26a. Is . . . married?</p>	<p><b>3810</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3812</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p><b>3814</b></p>	<p>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM A4.1</b> Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p><b>3815</b></p>	<p>1 <input type="checkbox"/> Yes - ASK 5b                  2 <input type="checkbox"/> No - ASK 5a</p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p><b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>3816</b></p>	<p><b>5c. Some persons receive more than one payment per month for certain income types.</b>                  ► For ISS codes 1 or 2 (SS or RR) read -   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b>                   ► For all other ISS codes read -   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b></p>
<p>(Last month) . . . . .</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3818</b> \$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>3820</b></p>	<p><b>3822</b> \$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>3824</b></p>	<p><b>3826</b> \$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>3828</b></p>	<p><b>3830</b> \$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3832</b>	<input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1 <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Check Item P1, page 53
----------------------	----------------------------	-------------	---

<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3834</b>	<input type="checkbox"/> Yes - SKIP to Check Item A6 <input type="checkbox"/> No
--	-------------	---

<b>b. Which persons were covered?</b>		Person No.	Name
	<b>3836</b>		
	<b>3838</b>		
	<b>3840</b>		
	<b>3842</b>		
	<b>3844</b>		
	<b>3846</b>		
	<b>3848</b>		
	<b>3850</b>		
	<b>3852</b>		
	<b>3854</b>		

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<b>3856</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
----------------------	-----------------------	-------------	---

<b>7a. What type of Veterans' payments did . . . receive?</b>	<b>3858</b>	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
---	-------------	---

<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3860</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	} SKIP to next ISS Code or Check Item P1, page 53
--	-------------	--	---

<b>CHECK ITEM A6.1</b>	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	<b>3862</b>	<input type="checkbox"/> Yes - SKIP to Check Item A7 <input type="checkbox"/> No
------------------------	---	-------------	---

<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<b>3864</b>	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
---	-------------	--

<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3866</b>	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
---	-------------	---

<b>CHECK ITEM A7</b>	Refer to item 2, page 40. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>3868</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
----------------------	---	-------------	---

NOTES
-------

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3870** 1  Yes  
2  No  
X1  DK

**9b. If "Yes" in item 9a - How much was received?**

**3872** \$  .   **00**  
X1  DK  
X2  Ref.

(2 months ago) .....

**3874** 1  Yes  
2  No  
X1  DK

**3876** \$  .   **00**  
X1  DK  
X2  Ref.

(3 months ago) .....

**3878** 1  Yes  
2  No  
X1  DK

**3880** \$  .   **00**  
X1  DK  
X2  Ref.

(4 months ago) .....

**3882** 1  Yes  
2  No  
X1  DK

**3884** \$  .   **00**  
X1  DK  
X2  Ref.

VERIFY IF ONLY ONE CHILD OR ASK -

**10a. Were all children living here covered by these payments?**

**3886** 1  Yes - SKIP to next ISS Code or Check Item P1, page 53  
2  No

**b. Which children were covered?**

	Person No.	Name
<b>3888</b>	<input type="text"/>	<input type="text"/>
<b>3890</b>	<input type="text"/>	<input type="text"/>
<b>3892</b>	<input type="text"/>	<input type="text"/>
<b>3894</b>	<input type="text"/>	<input type="text"/>
<b>3896</b>	<input type="text"/>	<input type="text"/>
<b>3898</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3900** 1  Yes - SKIP to Check Item A7.1  
2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3902</b>	<input type="text"/>	<input type="text"/>
<b>3904</b>	<input type="text"/>	<input type="text"/>
<b>3906</b>	<input type="text"/>	<input type="text"/>
<b>3908</b>	<input type="text"/>	<input type="text"/>
<b>3910</b>	<input type="text"/>	<input type="text"/>
<b>3912</b>	<input type="text"/>	<input type="text"/>
<b>3914</b>	<input type="text"/>	<input type="text"/>
<b>3916</b>	<input type="text"/>	<input type="text"/>

NOTES

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

**CHECK  
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

**3921**

- 1  Yes - ASK 12b  
2  No - ASK 12a

**12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) .....

**3922**

- 1  Yes  
2  No  
X1  DK

**12c. If "Yes" in item 12b, ask - What was the total amount?**

**3924**

\$  .  00  
X1  DK  
X2  Ref.

(2 months ago) .....

**3926**

- 1  Yes  
2  No  
X1  DK

**3928**

\$  .  00  
X1  DK  
X2  Ref.

(3 months ago) .....

**3930**

- 1  Yes  
2  No  
X1  DK

**3932**

\$  .  00  
X1  DK  
X2  Ref.

(4 months ago) .....

**3934**

- 1  Yes  
2  No  
X1  DK

**3936**

\$  .  00  
X1  DK  
X2  Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

**3938**

1  Last month

**3940**

2  2 months ago

**3942**

3  3 months ago

**3944**

4  4 months ago

**b. Which persons were covered?**

**3946**

Person No. Name

**3948**

**3950**

**3952**

**3954**

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

## Section 3 - AMOUNTS

### Part A - GENERAL AMOUNTS (ISS Codes 1-56)

	Income code	Name of income type
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i>	4000	<input type="text"/> <input type="text"/>
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	4002	<input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 47 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 46 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?	4004	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</b>	4006	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	4008	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 9a, page 46
<b>CHECK ITEM A3</b> <i>Refer to cc item 26a.</i> Is . . . married?	4010	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A4.1
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b>	4012	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A4.1
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	4014	<input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 <input type="checkbox"/> No
<b>CHECK ITEM A4.1</b> <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	4015	<input type="checkbox"/> Yes - ASK 5b <input type="checkbox"/> No - ASK 5a
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE - Social Security and SSI payments may be adjusted for inflation each January.		<b>5c. Some persons receive more than one payment per month for certain income types.</b> ► For ISS codes 1 or 2 (SS or RR) read - <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b> ► For all other ISS codes read - <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b>
(Last month) . . . . .	4016	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(2 months ago) . . . . .	4020	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(3 months ago) . . . . .	4024	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(4 months ago) . . . . .	4028	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
	4018	\$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	4022	\$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	4026	\$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	4030	\$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.

**Section 3 - AMOUNTS (Continued)**

**Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)**

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>4032</b>	<input type="checkbox"/> ISS Code 1 or 2 - <i>SKIP to Check Item A6.1</i> <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	----------------------------	-------------	---

<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>4034</b>	<input type="checkbox"/> Yes - <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
--	--	-------------	--

<b>b. Which persons were covered?</b>			<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td><b>4036</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4038</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4040</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4042</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4044</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4046</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4048</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4050</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4052</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>4054</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	<b>4036</b>	<input type="text"/>	<input type="text"/>	<b>4038</b>	<input type="text"/>	<input type="text"/>	<b>4040</b>	<input type="text"/>	<input type="text"/>	<b>4042</b>	<input type="text"/>	<input type="text"/>	<b>4044</b>	<input type="text"/>	<input type="text"/>	<b>4046</b>	<input type="text"/>	<input type="text"/>	<b>4048</b>	<input type="text"/>	<input type="text"/>	<b>4050</b>	<input type="text"/>	<input type="text"/>	<b>4052</b>	<input type="text"/>	<input type="text"/>	<b>4054</b>	<input type="text"/>	<input type="text"/>
	Person No.	Name																																		
<b>4036</b>	<input type="text"/>	<input type="text"/>																																		
<b>4038</b>	<input type="text"/>	<input type="text"/>																																		
<b>4040</b>	<input type="text"/>	<input type="text"/>																																		
<b>4042</b>	<input type="text"/>	<input type="text"/>																																		
<b>4044</b>	<input type="text"/>	<input type="text"/>																																		
<b>4046</b>	<input type="text"/>	<input type="text"/>																																		
<b>4048</b>	<input type="text"/>	<input type="text"/>																																		
<b>4050</b>	<input type="text"/>	<input type="text"/>																																		
<b>4052</b>	<input type="text"/>	<input type="text"/>																																		
<b>4054</b>	<input type="text"/>	<input type="text"/>																																		

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<b>4056</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	-----------------------	-------------	--

<b>7a. What type of Veterans' payments did . . . receive?</b>		<b>4058</b>	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
---	--	-------------	---

<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>		<b>4060</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <span style="font-size: 2em; vertical-align: middle;">}</span> <i>SKIP to next ISS Code or Check Item P1, page 53</i>
--	--	-------------	--

<b>CHECK ITEM A6.1</b>	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	<b>4062</b>	<input type="checkbox"/> Yes - <i>SKIP to Check Item A7</i> <input type="checkbox"/> No
------------------------	---	-------------	--

<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>		<b>4064</b>	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
---	--	-------------	--

<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>		<b>4066</b>	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
---	--	-------------	---

<b>CHECK ITEM A7</b>	Refer to item 2, page 44. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>4068</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	---	-------------	--

NOTES

---



---



---



---



---

**Section 3 - AMOUNTS (Continued)**

**Part B - SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102, and 103)**

**CHECK ITEM A8**

Asset types owned.  
Mark (X) all that apply.

4300

1  ISS Code 100 - Regular/Passbook savings accounts

4302

2  ISS Code 101 - Money market deposit accounts

4304

3  ISS Code 102 - Certificates of deposit or other savings certificates

4306

4  ISS Code 103 - Interest-earning checking accounts (such as NOW or Super-NOW accounts)

**1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.**

**CHECK ITEM A9**

Interview status of . . . 's spouse.

4308

1  No spouse in household - SKIP to 3b

2  Interview for spouse not yet conducted

3  Interview for spouse already conducted - SKIP to 3a

**2a. Did . . . own any of these jointly with . . . 's (husband/wife)?**

4310

1  Yes

2  No - SKIP to 3b

**b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?**

4312

\$  .  00 - SKIP to 3a

x3  None - SKIP to 3a

x1  DK

x2  Ref. - SKIP to next ISS Code or Check Item P1, page 53

**c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?** ★

4314

\$  .  00 - SKIP to 3a

x1  DK

x2  Ref. - SKIP to next ISS Code or Check Item P1, page 53

**d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)**

4316

1  Yes - Mark Reminder Card and Callback Summary, Item 5

2  No

**3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?**

4318

1  Yes

2  No - SKIP to next ISS Code or Check Item P1, page 53

**b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?**

4320

\$  .  00 - SKIP to next ISS Code or Check Item P1, page 53

x3  None - SKIP to next ISS Code or Check Item P1, page 53

x1  DK

x2  Ref. - SKIP to next ISS Code or Check Item P1, page 53

**c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?** ★

4322

\$  .  00 - SKIP to next ISS Code or Check Item P1, page 53

x1  DK

x2  Ref. - SKIP to next ISS Code or Check Item P1, page 53

**d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)**

4324

1  Yes - Mark Reminder Card and Callback Summary, Item 6

2  No

} SKIP to next ISS Code or Check Item P1, page 53

NOTES

AMOUNTS - PARTS B & C

**Section 3 - AMOUNTS (Continued)**

**Part C - OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)**

<b>CHECK ITEM A10</b>	Asset types owned. Mark (X) all that apply.	4400 4402 4404 4406	1 <input type="checkbox"/> ISS Code 104 - Money market funds 2 <input type="checkbox"/> ISS Code 105 - U.S. Government securities 3 <input type="checkbox"/> ISS Code 106 - Municipal or corporate bonds 4 <input type="checkbox"/> ISS Code 107 - Other interest-earning assets - Specify <u>z</u>
<b>1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.</b>			
<b>CHECK ITEM A11</b>	Interview status of . . . 's spouse.	4408	1 <input type="checkbox"/> No spouse in household - SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to 3a
<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>		4410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3b
<b>b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>		4412	\$ <input type="text"/> . <input type="text"/> 00 - SKIP to 3a x3 <input type="checkbox"/> None - SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
<b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?</b> ★		4414	\$ <input type="text"/> . <input type="text"/> 00 - SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
<b>d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		4416	1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 7 2 <input type="checkbox"/> No
<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?</b>		4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
<b>b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>		4420	\$ <input type="text"/> . <input type="text"/> 00 - SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None - SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
<b>c. What is the best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?</b> ★		4422	\$ <input type="text"/> . <input type="text"/> 00 - SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
<b>d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		4424	1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 8 2 <input type="checkbox"/> No

SKIP to next ISS Code or Check Item P1, page 53

NOTES

AMOUNTS - PARTS B & C

**Section 3 - AMOUNTS (Continued)**

**Part D - STOCKS AND MUTUAL FUND SHARES (ISS Code 110)**

<p><b>1a. Earlier you told me that ... owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did ... receive any dividend checks during these 4 months? (Include checks made out jointly to ... and ...'s spouse.)</b></p>	<p align="center"><b>4500</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i></p>
<p><b>CHECK ITEM A12</b> Interview status of ...'s spouse.</p>	<p align="center"><b>4502</b></p> <p>1 <input type="checkbox"/> No spouse in household - <i>SKIP to 2a</i>                  2 <input type="checkbox"/> Interview for spouse not yet conducted                  3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 2a</i></p>
<p><b>1b. During the past 4 months, how much was received in dividend checks made out jointly to ... and ...'s (husband/wife)?</b> ★</p>	<p align="center"><b>4504</b></p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 - <i>SKIP to 2a</i></p> <p>x3 <input type="checkbox"/> None - <i>SKIP to 2a</i>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
<p><b>c. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</b></p>	<p align="center"><b>4506</b></p> <p>1 <input type="checkbox"/> Yes - <i>Mark Reminder Card and Callback Summary, Item 9</i>                  2 <input type="checkbox"/> No</p>
<p><b>2a. During this 4-month period, how much did ... receive in dividend checks (in ...'s name only)?</b> ★</p>	<p align="center"><b>4508</b></p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 - <i>SKIP to 3a</i></p> <p>x3 <input type="checkbox"/> None - <i>SKIP to 3a</i>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
<p><b>b. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</b></p>	<p align="center"><b>4510</b></p> <p>1 <input type="checkbox"/> Yes - <i>Mark Reminder Card and Callback Summary, Item 10</i>                  2 <input type="checkbox"/> No</p>
<p><b>3a. (Besides the money that ... received in dividend checks,) did ... earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?</b></p>	<p align="center"><b>4512</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
<p><b>CHECK ITEM A13</b> Interview status of ...'s spouse.</p>	<p align="center"><b>4514</b></p> <p>1 <input type="checkbox"/> No spouse in household - <i>SKIP to 3c</i>                  2 <input type="checkbox"/> Interview for spouse not yet conducted                  3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3c</i></p>
<p><b>3b. During the 4-month period, how much of these kinds of dividends did ... earn jointly with ...'s (husband/wife)?</b></p>	<p align="center"><b>4516</b></p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
<p><b>c. During the 4-month period, how much of these kinds of dividends did ... earn (in ...'s name only)?</b></p>	<p align="center"><b>4518</b></p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p> <p>x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>NOTES</p>	

AMOUNTS - PARTS D & E

**Section 3 - AMOUNTS (Continued)**

**Part E - RENTAL INCOME (ISS Code 120)**

<b>1. Earlier you told me that . . . owned some rental property.</b>	
<b>CHECK ITEM A14</b> Interview status of . . .'s spouse.	<b>4600</b> 1 <input type="checkbox"/> No spouse in household - <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3a</i>
<b>2a. Did . . . receive any rental income from property owned jointly by . . . and . . .'s (husband/wife) during the last 4 months? Include only property owned entirely by couple.</b>	<b>4602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4604</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>	<b>4606</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i> <b>4608</b> x4 <input type="checkbox"/> Lost money - <i>Enter amount of loss in box</i>
<b>3a. Did . . . receive rental income from property owned entirely in . . .'s own name during the last 4 months?</b>	<b>4610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4612</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>	<b>4614</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i> <b>4616</b> x4 <input type="checkbox"/> Lost money - <i>Enter amount of loss in box</i>
<b>4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . ."s spouse)</b>	<b>4618</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>b. What is your best estimate of . . .'s share of the amount cleared on this property during the last 4 months?</b>	<b>4620</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>4622</b> x4 <input type="checkbox"/> Lost money - <i>Enter amount of loss in box</i>

*SKIP to next ISS Code or Check Item P1, page 53*

NOTES

AMOUNTS - PARTS D & E

**Section 3 - AMOUNTS (Continued)**

**Part F - MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS  
(ISS Codes 130, 140, and 150)**

<b>CHECK ITEM A15</b>	Asset types owned. Mark (X) all that apply.	<b>4700</b>	<input type="checkbox"/> ISS Code 130 - Mortgages
		<b>4702</b>	<input type="checkbox"/> ISS Code 140 - Royalties
		<b>4704</b>	<input type="checkbox"/> ISS Code 150 - Other financial investments

<b>CHECK ITEM A16</b>	Refer to Check Item A15. Is ISS Code 130 marked?	<b>4706</b>	<input type="checkbox"/> Yes
			<input type="checkbox"/> No - SKIP to 3

<b>CHECK ITEM A17</b>	Interview status of ...'s spouse.	<b>4708</b>	<input type="checkbox"/> No spouse in household - SKIP to 2b
			<input type="checkbox"/> Interview for spouse not yet conducted
			<input type="checkbox"/> Interview for spouse already conducted - SKIP to 2a

<b>1a. Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?</b>	<b>4710</b>	<input type="checkbox"/> Yes
		<input type="checkbox"/> No - SKIP to 2b

<b>b. During the past 4 months, how much interest was paid to ... and ...'s spouse by the borrower?</b>	<b>4712</b>	\$	.	<b>00</b>
		X3	<input type="checkbox"/> None	
		X1	<input type="checkbox"/> DK	
		X2	<input type="checkbox"/> Ref.	

<b>2a. (Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?</b>	<b>4714</b>	<input type="checkbox"/> Yes
		<input type="checkbox"/> No - SKIP to Check Item A18

<b>b. (Earlier you said that ... held a mortgage.) During the past 4 months, how much interest was paid to ... by the borrower?</b>	<b>4716</b>	\$	.	<b>00</b>
		X3	<input type="checkbox"/> None	
		X1	<input type="checkbox"/> DK	
		X2	<input type="checkbox"/> Ref.	

<b>CHECK ITEM A18</b>	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	<b>4718</b>	<input type="checkbox"/> Yes
			<input type="checkbox"/> No - SKIP to Check Item P1

<b>3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)?</b>  <i>If income was shared, count only ...'s share.</i>	<b>4720</b>	\$	.	<b>00</b>
		X3	<input type="checkbox"/> None	
		X1	<input type="checkbox"/> DK	
		X2	<input type="checkbox"/> Ref.	
	<b>4722</b>	X4	<input type="checkbox"/> Lost money - Enter amount of loss in box	

NOTES

PROGRAM QUESTIONS

## Section 4 - PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to statement C, Page 54				
<b>CHECK ITEM P2</b>	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a				
<b>1a. What is your monthly rent?</b>	Include only the amount the respondent pays for rent. Exclude any subsidized amount.	4804	<table style="width: 100%;"> <tr> <td style="text-align: right;">\$</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td style="text-align: center;">.</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</td> </tr> </table> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a	\$		.	00
\$		.	00				
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b>	Exclude telephone.	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK				
<b>2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</b>		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3				
<b>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?</b>	Mark (X) all that apply.	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord				
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		4824	<table style="width: 100%;"> <tr> <td style="text-align: right;">\$</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td style="text-align: center;">.</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</td> </tr> </table> x1 <input type="checkbox"/> DK	\$		.	00
\$		.	00				
<b>CHECK ITEM P3</b>	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to statement C, Page 54				
<b>3a. Do any of the children in this household usually eat a complete hot lunch offered at school?</b>		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to statement C, Page 54				
<b>b. How many children?</b>		4830	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Children</td> </tr> </table>			Children	
		Children					
<b>c. How many complete school lunches do all of the children eat per week?</b>		4832	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Number of lunches</td> </tr> </table> x1 <input type="checkbox"/> DK			Number of lunches	
		Number of lunches					
<b>d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?</b>		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f				
<b>e. In the past 4 months, were the lunches free, reduced price, or were they full price?</b>	Mark (X) only one.	4836	1 <input type="checkbox"/> Free lunch - SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch				
<b>f. What was the average price paid by all of the children for a complete school lunch?</b>		4838	<table style="width: 100%;"> <tr> <td style="text-align: right;">\$</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td style="text-align: center;">.</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> x1 <input type="checkbox"/> DK	\$		.	
\$		.					
<b>g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?</b>		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to statement C, Page 54				
<b>h. How many children?</b>		4842	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Children</td> </tr> </table>			Children	
		Children					
<b>i. How many complete school breakfasts do all of the children eat per week?</b>		4844	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Number of breakfasts</td> </tr> </table> x1 <input type="checkbox"/> DK			Number of breakfasts	
		Number of breakfasts					
<b>j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?</b>	Mark (X) only one.	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast				

## Section 5 - TOPICAL MODULES

### Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE

**STATEMENT C** →

Read to respondent: **These next questions concern . . . 's retirement expectations and pension plan coverage.**

**CHECK ITEM T1**

Are any employers entered in question 2a on page 16 or question 10a on page 18?

**6000**

- 1  Yes - Enter name(s) and job number(s) below  
 2  No - SKIP to Check Item T4, page 57

Employer 1

Employer 2

Employer name

Employer name

Employer ID Number

Employer ID Number

**6002**

**6004**

(For each employer ask item 1a through item 3n on page 56, and then return for next employer.)

**1a. About how many persons are employed by (Read employer's name) at the location where . . . works - would you say (Read categories)?**

Employer 1

Employer 2

**6006**

- 1  Under 10 <sup>4382</sup>  
 2  10 to 24  
 3  25 to 99  
 4  100 to 499  
 5  500 to 999  
 6  1000 or more } SKIP to 2a, page 55  
 x1  DK

**6008**

- 1  Under 10  
 2  10 to 24  
 3  25 to 99  
 4  100 to 499  
 5  500 to 999  
 6  1000 or more } SKIP to 2a, page 55  
 x1  DK

**b. Does (Read employer's name) operate in more than one location?**

**6010**

- 1  Yes <sup>106</sup>  
 2  No } SKIP to 2a, page 55  
 x1  DK

**6012**

- 1  Yes  
 2  No } SKIP to 2a, page 55  
 x1  DK

**c. About how many persons are employed by (Read employer's name) at all locations - would you say (Read categories)?**

**6014**

- 1  Under 10  
 2  10 to 24  
 3  25 to 99  
 4  100 to 499 <sup>102</sup>  
 5  500 to 999  
 6  1000 or more  
 x1  DK

**6016**

- 1  Under 10  
 2  10 to 24  
 3  25 to 99  
 4  100 to 499  
 5  500 to 999  
 6  1000 or more  
 x1  DK

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)**

	Employer 1	Employer 2
<b>2a. Does . . . 's employer or union have a retirement plan for any of its employees?</b> <i>(Exclude Social Security and Railroad Retirement.)</i>	<b>6018</b> 1 <input type="checkbox"/> Yes - SKIP to 2c 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>6020</b> 1 <input type="checkbox"/> Yes - SKIP to 2c 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>b. Does . . . 's employer offer a deferred profit-sharing plan or a stock plan - the kind where benefits can be accumulated and paid out at retirement?</b>	<b>6022</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3j	<b>6024</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3j
<b>c. Is . . . included in such a plan?</b>	<b>6026</b> 1 <input type="checkbox"/> Yes - SKIP to 3a 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - SKIP to 3j	<b>6028</b> 1 <input type="checkbox"/> Yes - SKIP to 3a 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - SKIP to 3j
<b>d. Why isn't . . . included in such a plan?</b> <i>Mark (X) all that apply.</i>	<b>6030</b> 1 <input type="checkbox"/> Chose not to belong <b>6034</b> 2 <input type="checkbox"/> No one in . . . 's type of job can belong <b>6038</b> 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year <b>6042</b> 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date <b>6046</b> 5 <input type="checkbox"/> . . . is too young <b>6050</b> 6 <input type="checkbox"/> . . . has not worked for this employer long enough <b>6054</b> 7 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>	<b>6032</b> 1 <input type="checkbox"/> Chose not to belong <b>6036</b> 2 <input type="checkbox"/> No one in . . . 's type of job can belong <b>6040</b> 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year <b>6044</b> 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date <b>6048</b> 5 <input type="checkbox"/> . . . is too young <b>6052</b> 6 <input type="checkbox"/> . . . has not worked for this employer long enough <b>6056</b> 7 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>
<b>6058</b> x1 <input type="checkbox"/> DK		
<b>6060</b> x1 <input type="checkbox"/> DK		

**SKIP to 3j, page 56**

<b>3a. Is . . . included in more than one retirement or pension plan on this job?</b>	<b>6062</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>6064</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>b. Are the retirement benefits of . . . 's (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</b> <i>Mark (X) only one.</i>	<b>6066</b> 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	<b>6068</b> 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>c. Does (Read employer's name) make payments towards . . . 's (basic) plan?</b>	<b>6070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>6072</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)**

		Employer 1		Employer 2	
<b>3d. Does . . . make payments toward . . . 's (basic) plan? (Include payments deducted from . . . 's pay.)</b>		<b>6074</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3f</i>		<b>6076</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3f</i>	
<b>e. How much does . . . contribute toward . . . 's (basic) plan?</b>		<b>6078</b> \$ <input type="text"/> . <input type="text"/> 00  PER - <b>6082</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year  OR <b>6086</b> <input type="text"/> <input type="text"/> . <input type="text"/>  Percent of salary OR <b>6090</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		<b>6080</b> \$ <input type="text"/> . <input type="text"/> 00  PER - <b>6084</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year  OR <b>6088</b> <input type="text"/> <input type="text"/> . <input type="text"/>  Percent of salary OR <b>6092</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>f. How long has . . . been included in this (basic) plan? (Include only the years that count toward . . . 's retirement benefits.)</b> <i>(If respondent reports years and months, round to full years)</i>		<b>6094</b> <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than a year x1 <input type="checkbox"/> DK		<b>6096</b> <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than a year x1 <input type="checkbox"/> DK	
<b>g. If . . . were to leave (Read employer's name) now or in the next few months, could . . . eventually receive some benefits from this plan upon reaching retirement age?</b>		<b>6098</b> 1 <input type="checkbox"/> Yes - <i>SKIP to 3i</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3i</i>		<b>6100</b> 1 <input type="checkbox"/> Yes - <i>SKIP to 3i</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3i</i>	
<b>h. Is that because . . . has not been included in the plan enough years?</b>		<b>6102</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		<b>6104</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
<b>i. Under this plan, could . . . 's retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of . . . 's contributions to the plan.)</b>		<b>6106</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		<b>6108</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
<b>j. Does (Read employer's name) offer a 401K or thrift plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire or withdraw the money.</b>		<b>6110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T3</i>		<b>6112</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T4, page 57</i>	
<b>k. Does . . . participate in this plan?</b>		<b>6114</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T3</i>		<b>6116</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T4, page 57</i>	
<b>l. Does . . . 's employer also contribute to this plan or provide any matching contributions?</b>		<b>6118</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		<b>6120</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
<b>m. As of (Read last day of reference period), what was the total amount . . . had in this plan?</b>		<b>6122</b> \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		<b>6124</b> \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>CHECK ITEM T2</b> Is item 2c marked "Yes"?		<b>6126</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T3</i>		<b>6128</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T4, page 57</i>	
<b>n. Is the 401K plan the same plan that was described previously, or is this an additional plan . . . is included in?</b>		<b>6130</b> 1 <input type="checkbox"/> Same plan 2 <input type="checkbox"/> Different plan x1 <input type="checkbox"/> DK		<b>6132</b> 1 <input type="checkbox"/> Same plan 2 <input type="checkbox"/> Different plan x1 <input type="checkbox"/> DK	
<b>CHECK ITEM T3</b> Is another employer listed in Check Item T1, page 54?		<b>6134</b> 1 <input type="checkbox"/> Yes - <i>ASK item 1a, page 54 for next employer</i> 2 <input type="checkbox"/> No - <i>Go to Check Item T4, page 57</i>		<i>Go to Check Item T4, page 57</i>	



**Section 5 - TOPICAL MODULES (Continued)**

**Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)**

**6f. At the time . . . received the lump sum payment, what did . . . do with those funds?**  
 Mark (X) all that apply.  
**Anything else?**

- |      |   |
|------|---|
| 6176 | 1 <input type="checkbox"/> Purchased a home or paid off a mortgage                                    |
| 6178 | 2 <input type="checkbox"/> Used it for children's education   |
| 6180 | 3 <input type="checkbox"/> Used it for a period of unemployment                                       |
| 6182 | 4 <input type="checkbox"/> Paid off loans, bills, or spent it on other items                          |
| 6184 | 5 <input type="checkbox"/> Put it in a savings account  |
| 6186 | 6 <input type="checkbox"/> Invested it in some other instrument (e.g., stocks, money market accounts) |
| 6188 | 7 <input type="checkbox"/> Used it to start or purchase a business                                    |
| 6190 | 8 <input type="checkbox"/> Bought a car, boat, or other vehicle                                       |
| 6192 | 9 <input type="checkbox"/> Paid medical or dental expenses  |
| 6194 | 10 <input type="checkbox"/> Used it for general everyday expenses                                     |
| 6196 | 11 <input type="checkbox"/> Other   |

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part B - WORK SCHEDULE**

**CHECK  
ITEM T7**

Is "Worked" (code 170)  
marked on the ISS?

**8000**

- 1  Yes  
2  No - SKIP to Check Item T8, page 61

ASK OR VERIFY -

**1a. Did . . . work at all last month?**

**8001**

- 1  Yes  
2  No - SKIP to Check Item T8, page 61

**STATEMENT D**

**These next few questions ask about . . . 's work schedule during a typical week last month.**

**1b. How many employers did . . . work for during a typical week?**

**8002**

- 1  1  
2  2  
3  3 +

(Count self-employed as one employer.)

If two or more employers, ask items 1c-1j for the first job, then repeat for the second job.

JOB 1

JOB 2

**c. How many hours per day did . . . work that week?**

**8004**

.  Hours

**8006**

.  Hours

**d. How many days did . . . work during that week?**

**8008**

Days

**8010**

Days

**e. Which days of the week were these?**

Mark (X) all that apply.

**8012**

1  Monday through Friday

**8016**

2  Sunday

**8020**

3  Monday

**8024**

4  Tuesday

**8028**

5  Wednesday

**8032**

6  Thursday

**8036**

7  Friday

**8040**

8  Saturday

**8044**

x5  All seven days

**8014**

1  Monday through Friday

**8018**

2  Sunday

**8022**

3  Monday

**8026**

4  Tuesday

**8030**

5  Wednesday

**8034**

6  Thursday

**8038**

7  Friday

**8042**

8  Saturday

**8046**

x5  All seven days

**f. During that week, at what time of day did . . . begin work most days?**

**8048**

:   { 1  a.m.  
2  p.m.  
(Time)

**8050**

**8052**

:   { 1  a.m.  
2  p.m.  
(Time)

**8054**

**g. At what time of day did . . . end work most days?**

**8056**

:   { 1  a.m.  
2  p.m.  
(Time)

**8058**

**8060**

:   { 1  a.m.  
2  p.m.  
(Time)

**8062**

**h. As part of the work schedule for that week, which days, if any, did . . . work only at home?**

Mark (X) all that apply.

**8066**

x5  Did not work at home

**8068**

1  Monday through Friday

**8070**

2  Sunday

**8072**

3  Monday

**8074**

4  Tuesday

**8076**

5  Wednesday

**8078**

6  Thursday

**8080**

7  Friday

**8082**

8  Saturday

**8084**

x5  All seven days

**8067**

x5  Did not work at home

**8069**

1  Monday through Friday

**8071**

2  Sunday

**8073**

3  Monday

**8075**

4  Tuesday

**8077**

5  Wednesday

**8079**

6  Thursday

**8081**

7  Friday

**8083**

8  Saturday

**8085**

x5  All seven days

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – WORK SCHEDULE (Continued)**

	JOB 1	JOB 2
<p><b>1i. Which of the following best describes . . . 's work schedule at this job?</b> (SHOW FLASHCARD KK) Mark (X) only one.</p>	<p><b>8086</b></p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Regular daytime schedule</li> <li>2 <input type="checkbox"/> Regular evening shift</li> <li>3 <input type="checkbox"/> Regular night shift</li> <li>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</li> <li>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</li> <li>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</li> <li>7 <input type="checkbox"/> Other - Specify <u>      </u></li> </ul>	<p><b>8087</b></p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Regular daytime schedule</li> <li>2 <input type="checkbox"/> Regular evening shift</li> <li>3 <input type="checkbox"/> Regular night shift</li> <li>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</li> <li>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</li> <li>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</li> <li>7 <input type="checkbox"/> Other - Specify <u>      </u></li> </ul>
<p><b>j. What is the MAIN reason . . . works</b> (Read shift description marked in item 1i)? Mark (X) only one.</p>	<p><b>8088</b></p> <p>VOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Better child care arrangements</li> <li>2 <input type="checkbox"/> Better pay</li> <li>3 <input type="checkbox"/> Better arrangements for care of other family members</li> <li>4 <input type="checkbox"/> Allows time for school</li> <li>5 <input type="checkbox"/> Other voluntary reasons</li> </ul> <p>INVOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>6 <input type="checkbox"/> Could not get any other job</li> <li>7 <input type="checkbox"/> Requirement of the job</li> <li>8 <input type="checkbox"/> Other involuntary reasons</li> </ul>	<p><b>8089</b></p> <p>VOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Better child care arrangements</li> <li>2 <input type="checkbox"/> Better pay</li> <li>3 <input type="checkbox"/> Better arrangements for care of other family members</li> <li>4 <input type="checkbox"/> Allows time for school</li> <li>5 <input type="checkbox"/> Other voluntary reasons</li> </ul> <p>INVOLUNTARY REASONS</p> <ul style="list-style-type: none"> <li>6 <input type="checkbox"/> Could not get any other job</li> <li>7 <input type="checkbox"/> Requirement of the job</li> <li>8 <input type="checkbox"/> Other involuntary reasons</li> </ul>
<p><b>CHECK ITEM T7.1</b> Refer to item 1b. Is there another job to ask about? (Is box 2 or 3 marked?)</p>	<p><b>8090</b></p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Yes – ASK items 1c through 1j for next job</li> <li>2 <input type="checkbox"/> No – Go to Check Item T8, page 61</li> </ul>	<p>Go to Check Item T8, page 61</p>
<p>NOTES</p>		

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE**

**CHECK ITEM T8**

*Refer to cc items 24 and 27.*  
Is . . . the designated parent or guardian of children under 15 years of age who live in this household?

**9330** 1  Yes  
2  No - *SKIP to Part D, page 94*

**CHECK ITEM T8A**

*Refer to cc items 24 and 27.*  
How many children are under age 15 for which . . . is designated parent or guardian?

**9332**   Number

**CHECK ITEM T9**

Is "Worked" (code 170) marked on the ISS?

**9334** 1  Yes  
2  No - *SKIP to Check Item T10*

*ASK OR VERIFY -*

**1. Did . . . work last month?**

**9336** 1  Yes - *SKIP to Check Item T10a*  
2  No

**CHECK ITEM T10**

*Refer to item 30a, page 13*  
Was . . . enrolled in school during the reference period?

**9338** 1  Yes  
2  No - *SKIP to Check item T11*

**2. About how many hours per week did . . . usually spend in school last month?**

**9340**   Hours  
  
OR  
x1  Hours varied  
x2  DK  
x3  Not enrolled last month

**CHECK ITEM T10A**

*Refer to items 1 and 2 above.*  
Is item 1 marked "Yes" or are hours or X1 or X2 marked in item 2?

**9342** 1  Yes - *SKIP to Check Item T12*  
2  No

**CHECK ITEM T11**

*Refer to item 2a, page 2.*  
Did . . . spend time looking for work or on layoff from a job during the reference period?

**9344** 1  Yes  
2  No - *SKIP to Statement G, page 66*

**3. About how many hours per week did . . . usually spend looking for a job last month?**

**9346**   Hours  
  
OR  
x1  Hours varied  
x2  DK  
x3  Did not look for a job last month

*SKIP to Statement G, page 66*

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**YOUNGEST CHILD**

**CHECK ITEM T12**

Refer to cc items 18, 19, 24, and 27

Enter the person number, age, and name of the youngest child under age 15 who is a household member for whom the person is a parent or guardian.

Child's person No.

9348

Child's age

Name

**STATEMENT E**

**We are going to ask you a few questions about what . . . 's child(ren) was doing and who looked after . . . 's child(ren) in a typical week.**

**CHECK ITEM T13**

Refer to cc item 23

This child was born or entered the household before this month?

9350

- 1  Yes  
2  No - SKIP to next child (Check Item T21, page 68)

ASK item 4a for categories 1-8. Repeat lead-in questions as necessary.

**4a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school).**

(Mark (X) all that apply)

**4b. Was that usually at (Name of child)'s home or someplace else?**

**4c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?**

**1. Child's other parent/stepparent?**

9352

- 1  Yes - ASK 4b and 4c  
2  No

9354

- 1  Child's home  
2  Other private home  
3  Other place

9356

Hours per week

**2. Did . . . care for (Name of child) while at work (in school)?**

9358

- 1  Yes - ASK 4b and 4c  
2  No

9360

- 1  In . . . 's home  
2  At work/at school  
3  Someplace else

9362

Hours per week

**3. (Name of child)'s brother/sister age 15 or older?**

9364

- 1  Yes - ASK 4b and 4c  
2  No

9366

- 1  Child's home  
2  Other private home  
3  Other place

9368

Hours per week

**4. (Name of child)'s brother/sister under age 15?**

9370

- 1  Yes - ASK 4b and 4c  
2  No

9372

- 1  Child's home  
2  Other private home  
3  Other place

9374

Hours per week

**5. (Name of child)'s grandparent?**

9376

- 1  Yes - ASK 4b and 4c  
2  No

9378

- 1  Child's home  
2  Grandparent's home  
3  Other place

9380

Hours per week

**6. Any other relative?**

9382

- 1  Yes - ASK 4b and 4c  
2  No

9384

- 1  Child's home  
2  Other relative's home  
3  Other place

9386

Hours per week

**7. Family day care provider caring for 2 or more kids outside . . . 's home?**

9388

- 1  Yes - ASK 4c  
2  No

9390

Hours per week

**8. Any other friend neighbor/sitter/ nanny/au pair?**

9392

- 1  Yes - ASK 4b and 4c  
2  No

9394

- 1  Child's home  
2  Other private home  
3  Other place

9396

Hours per week

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

YOUNGEST CHILD (Continued)

**CHECK ITEM T14**

*Refer to Check Item T12*

- 9398** 1  Yes, less than 6 years old  
 2  No, 6 years old or older - *Continue reading list with arrangement 4*

Is (Name of child) less than 6 years old?

*Ask items 5a-5c where applicable for arrangements 1-7.*

**5a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school).**

*Mark (X) all that apply*

**5b. And where was that?**

*Read response categories.*

**5c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?**

**1. Nursery/preschool?**

- 9400** 1  Yes - *Ask 5b and 5c*  
 2  No

- 9402** 1  At work (school)  
 2  Someplace else  
*(Includes . . . working at nursery/preschool)*

**9404**   Hours per week

**2. Child care/day care center?**

- 9406** 1  Yes - *Ask 5b and 5c*  
 2  No

- 9408** 1  At work (school)  
 2  Someplace else  
*(Includes . . . working at center)*

**9410**   Hours per week

**3. Federally supported Headstart program?**

- 9412** 1  Yes - *Ask 5c*  
 2  No

**9414**   Hours per week

**CHECK ITEM T15**

*Refer to Check Item T12, page 62*

- 9416** 1  Less than 4 years old - *SKIP to item 7a, page 64*  
 2  4 to 5 years old - *SKIP to item 6a, page 64*  
 3  6 or more years old - *Continue reading list of arrangements with arrangement 4*

Age of (Name of child)

**4. Organized sports (including practices)?**

- 9418** 1  Yes - *Ask 5b and 5c*  
 2  No

- 9420** 1  At school  
 2  Someplace else

**9422**   Hours per week

**5. Lessons (music, art, dance, language, computer)?**

- 9424** 1  Yes - *Ask 5b and 5c*  
 2  No

- 9426** 1  At school  
 2  Someplace else

**9428**   Hours per week

**6. Clubs (boys/girls clubs, scouts, and other organizations)?**

- 9430** 1  Yes - *Ask 5b and 5c*  
 2  No

- 9432** 1  At school  
 2  Someplace else

**9434**   Hours per week

**7. Before or after school care program?**

- 9436** 1  Yes - *Ask 5b and 5c*  
 2  No

- 9438** 1  At work  
 2  At school  
 3  Someplace else

**9440**   Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

YOUNGEST CHILD (Continued)

**6a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?**

9442

- 1  Yes  
2  No - SKIP to 6c

**b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)?**

9444

Hours per week

*Be sure respondent gives weekly hours in school.*

**c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?**

9446

- 1  Yes  
2  No - SKIP to 6e

**d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)?**

9448

Hours per week

*Be sure respondent gives weekly hours in school.*

**e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself/herself for even a small amount of time?**

9450

- 1  Yes  
2  No - SKIP to 6g

**f. About how many hours per week did (Name of child) usually care for himself/herself?**

9452

Hours per week  
x4  Less than 1 hour

*Be sure respondent gives weekly hours of care.*

**g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?**

9454

- 1  Yes  
2  No - SKIP to 7a

**h. And about how many hours per week did (Name of child) usually care for himself/herself?**

9456

Hours per week  
x4  Less than 1 hour

*Be sure respondent gives weekly hours of care.*

**7a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement?**

9458

- 1  Yes  
2  No - SKIP to 7c

*Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.*

**b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)?**

9460

.   00 Per week

*If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.*

**c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available?**

9462

- 1  Yes  
2  No - SKIP to STATEMENT F, page 66

*Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider even for part of the day.*

**d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?**

9464

- 1  Yes, respondent lost time  
2  Yes, spouse lost time  
3  Both respondent and spouse lost time  
4  No  
x1  DK

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

YOUNGEST CHILD (Continued)

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**STATEMENT F** → Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in (Last month) please tell me if you ( . . . ) used any of the following arrangements for (Name of child) on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).  
Go to item 8a and begin asking each category.

**STATEMENT G** → We are going to ask you a few questions about what your child(ren) was (were) doing or where your child(ren) was (were) during the time you were not available to care for them.

**CHECK ITEM T16** Refer to cc items 18, 19, 24, and 27 or Check Item T12, page 62

Enter the person number, age, and name of the youngest child under age 15 who is a household member for whom the person is a parent or guardian.

**YOUNGEST CHILD (Continued)**

Child's person No.

9465

Child's age

Name

**CHECK ITEM T17** Refer to cc item 23

This child was born or entered the household **before** this month.

9466 1  Yes  
2  No - SKIP to Check Item T21, page 68

ASK item 8a for categories 1-4. Repeat lead-in questions as necessary.

**8a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) when . . . was not looking after him/her?**

Mark (X) all that apply.

**8b. Was that usually at (Name of child)'s home or someplace else?**

**8c. About how many hours per week was (Name of child) in this arrangement?**

**1. (Name of child)'s grandparent?**

9468 1  Yes - Ask 8b and 8c  
2  No

9470 1  Child's home  
2  Grandparent's home  
3  Other place

9472   Hours per week

**2. Any other relative of child?**

9474 1  Yes - Ask 8b and 8c  
2  No

9476 1  Child's home  
2  Other relative's home  
3  Someplace else

9478   Hours per week

**3. Family day care provider for 2 or more kids outside . . . s home?**

9480 1  Yes - Ask 8c  
2  No

9482   Hours per week

**4. Any other friend/neighbor/sitter/nanny/au pair?**

9484 1  Yes - Ask 8b and 8c  
2  No

9486 1  Child's home  
2  Other private home  
3  Other place

9488   Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

YOUNGEST CHILD (Continued)

**CHECK ITEM T18**

Refer to Check Item T16, page 66

Is (Name of child) less than 6 years old?

9490

- 1  Yes, less than 6 years old  
 2  No, 6 years old or older - Continue reading list with 4 below.

Ask items 9a-9c where appropriate for arrangements 1-7.

**9a. During a typical week in (Last month), please tell me if you used any of the following arrangements to look after (Name of child) on a regular basis?**

Mark (X) all that apply

**9b. Was that at school or someplace else?**

**9c. About how many hours per week was (Name of child) in this arrangement?**

**1. Nursery/preschool?**

9492

- 1  Yes - Ask 9c  
 2  No

9494

Hours per week

**2. Child care/day care center?**

9496

- 1  Yes - Ask 9c  
 2  No

9498

Hours per week

**3. Federally supported Headstart program?**

9500

- 1  Yes - Ask 9c  
 2  No

9502

Hours per week

**CHECK ITEM T19**

Refer to Check Item T16, page 66

Age of (Name of child)?

9504

- 1  Less than 4 years old - SKIP to item 11a, page 68  
 2  4 to 5 years old - SKIP to Check Item T20  
 3  6 or more years old - Continue reading list with arrangement 4

**4. Organized sports (including practices)?**

9506

- 1  Yes - Ask 9b and 9c  
 2  No

9508

- 1  At school  
 2  Someplace else

9510

Hours per week

**5. Lessons (music, art, dance, language, computer)?**

9512

- 1  Yes - Ask 9b and 9c  
 2  No

9514

- 1  At school  
 2  Someplace else

9516

Hours per week

**6. Clubs (boys/girls clubs, scouts, and other organizations)?**

9518

- 1  Yes - Ask 9b and 9c  
 2  No

9520

- At school  
 2  Someplace else

9522

Hours per week

**7. Before or after school program?**

9524

- 1  Yes - Ask 9b and 9c  
 2  No

9526

- 1  At school  
 2  Someplace else

9528

Hours per week

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – CHILD CARE (Continued)**

YOUNGEST CHILD (Continued)

**CHECK ITEM T20**

*Refer to Check Item 10A, page 61.*

Is this Check Item marked Yes or No?  
(... at work or in school last month?)

**9530**

- 1  Yes – Skip to Item 12  
2  No

**10a. During a typical week, did (Name of child) usually attend regular kindergarten or grade school?**

**9532**

- 1  Yes  
2  No – SKIP to Item 10c

**b. About how many hours per week was (Name of child) usually in school?**

*Be sure the respondent gives weekly hours in school.*

**9534**

Hours per week

**c. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. During a typical week in (Last month) did (Name of child) care for himself(herself) for even a small amount of time?**

**9536**

- 1  Yes  
2  No – SKIP to Item 11a

**d. About how many hours per week did (Name of child) usually care for himself(herself)?**

*Be sure the respondent gives weekly hours.*

**9538**

Hours per week  
x4  Less than 1 hour

**11a. Considering all of the arrangements used for (Name of child), did ... (or ...'s family) usually make any money payment for any arrangement?**

*Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.*

**9540**

- 1  Yes  
2  No – SKIP to Item 12

**b. In a typical week in (Last month), how much did ... (or ...'s family) pay for all of these arrangements for (Name of child)?**

*If arrangements are shared with other children, ask ... to split the payments between the children as best as she/he can.*

**9542**

00 Per week

**12. During the past 12 months, how many other arrangements, if any, did ... use for (Name of child) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.**

**9544**

Number  
x1  None

**CHECK ITEM T21**

*Refer to Check Item T8A, page 61.*

Are there two or more children in this household?

**9546**

- 1  Yes – GO to page 70 for second child  
2  No – GO to Part D, page 94

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

YOUNGEST CHILD (Continued)

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**CHECK ITEM T22**

Refer to Check Item 10A, page 61.  
Is Check Item 10A marked Yes or No?  
(... at work or in school last month?)

9548 1  Yes  
2  No - GO to Statement J, page 73

**SECOND YOUNGEST CHILD**

**CHECK ITEM T23**

Refer to cc Items 18, 19, 24, and 27  
Enter the person number, age, and name of the 2nd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

Child's person No.  
9550     
Child's age  
   
Name  
\_\_\_\_\_

**STATEMENT H**

Now we are going to ask you a few questions about (Name of child)

**CHECK ITEM T24**

Refer to cc Item 23  
This child was born or entered the household before this month?

9552 1  Yes  
2  No - SKIP to Check Item T32, page 76

ASK item 13a for categories 1-8 Repeat lead-in questions as necessary.

**13a. During a typical week in (Last month), please tell me if ... used any of the following arrangements to look after (Name of child) while ... was working (at school). (Mark (X) all that apply)**

**13b. Was that usually at (Name of child)'s home or someplace else?**

**13c. About how many hours per week was (Name of child) in this arrangement while ... was working (at school)?**

**1. Child's other parent/stepparent?**

9554 1  Yes - ASK 13b and 13c  
2  No

9556 1  Child's home  
2  Other private home  
3  Other place

9558   Hours per week

**2. Did ... care for (Name of child) while at work (in school)?**

9560 1  Yes - ASK 13b and 13c  
2  No

9562 1  In ...'s home  
2  At work/at school  
3  Someplace else

9564   Hours per week

**3. (Name of child)'s brother/sister age 15 or older?**

9566 1  Yes - ASK 13b and 13c  
2  No

9568 1  Child's home  
2  Other private home  
3  Other place

9570   Hours per week

**4. (Name of child)'s brother/sister under age 15?**

9572 1  Yes - ASK 13b and 13c  
2  No

9574 1  Child's home  
2  Other private home  
3  Other place

9576   Hours per week

**5. (Name of child)'s grandparent?**

9578 1  Yes - ASK 13b and 13c  
2  No

9580 1  Child's home  
2  Grandparent's home  
3  Other place

9582   Hours per week

**6. Any other relative?**

9584 1  Yes - ASK 13b and 13c  
2  No

9586 1  Child's home  
2  Other relative's home  
3  Other place

9588   Hours per week

**7. Family day care provider caring for 2 or more kids outside ...'s home?**

9590 1  Yes - ASK 13c  
2  No

9592   Hours per week

**8. Any other friend neighbor/sitter/ nanny/au pair?**

9594 1  Yes - ASK 13b and 13c  
2  No

9596 1  Child's home  
2  Other private home  
3  Other place

9598   Hours per week

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

SECOND YOUNGEST CHILD (Continued)

**CHECK  
ITEM T25**

Refer to Check Item T23,  
page 70.

**9600**

- 1  Yes, less than 6 years old  
2  No, 6 years old or older - Continue reading list with arrangement 4

Is (Name of child) less than  
6 years old?

Ask Items 14a-14c where applicable for arrangements 1-7.

**14a. During a typical week in (Last month), please tell me if ... used any of the following arrangements to look after (Name of child) while ... was working (at school).**

Mark (X) all that apply.

**14b. And where was that?**

Read response categories.

**14c. About how many hours per week was (Name of child) in this arrangement while ... was working (at school)?**

**1. Nursery/preschool?**

**9602**

- 1  Yes - Ask 14b and 14c  
2  No

**9604**

- 1  At work (school)  
2  Someplace else  
(Includes ... working at nursery/preschool)

**9606**

Hours per week

**2. Child care/day care center?**

**9608**

- 1  Yes - Ask 14b and 14c  
2  No

**9610**

- 1  At work (school)  
2  Someplace else  
(Includes ... working at center)

**9612**

Hours per week

**3. Federally supported Headstart program?**

**9614**

- 1  Yes - Ask 14c  
2  No

**9616**

Hours per week

**CHECK  
ITEM T26**

Refer to Check Item T22,  
page 70.

Age of (Name of child)

**9618**

- 1  Less than 4 years old - SKIP to item 16a, page 72  
2  4 to 5 years old - SKIP to item 15a, page 72  
3  6 or more years old - Continue reading list of arrangements with arrangement 4

**4. Organized sports? (including practices)**

**9620**

- 1  Yes - Ask 14b and 14c  
2  No

**9622**

- 1  At school  
2  Someplace else

**9624**

Hours per week

**5. Lessons (music, art, dance, language, computer)?**

**9626**

- 1  Yes - Ask 14b and 14c  
2  No

**9628**

- 1  At school  
2  Someplace else

**9630**

Hours per week

**6. Clubs (boys/girls clubs, scouts, or other organizations)?**

**9632**

- 1  Yes - Ask 14b and 14c  
2  No

**9634**

- 1  At school  
2  Someplace else

**9636**

Hours per week

**7. Before or after school care program?**

**9638**

- 1  Yes - Ask 14b and 14c  
2  No

**9640**

- 1  At work  
2  At school  
3  Someplace else

**9642**

Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

SECOND YOUNGEST CHILD (Continued)

<p><b>15a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?</b></p>	<p align="center"><b>9644</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 15c</p>
<p><b>b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)?</b> <i>Be sure respondent gives weekly hours in school.</i></p>	<p align="center"><b>9646</b></p> <p align="center">[ ] [ ] Hours per week</p>
<p><b>c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?</b></p>	<p align="center"><b>9648</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 15e</p>
<p><b>d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)?</b> <i>Be sure respondent gives weekly hours in school.</i></p>	<p align="center"><b>9650</b></p> <p align="center">[ ] [ ] Hours per week</p>
<p><b>e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself/herself for even a small amount of time?</b></p>	<p align="center"><b>9652</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 15g</p>
<p><b>f. About how many hours per week did (Name of child) usually care for himself/herself?</b> <i>Be sure respondent gives weekly hours of care.</i></p>	<p align="center"><b>9654</b></p> <p align="center">[ ] [ ] Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p><b>g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?</b></p>	<p align="center"><b>9656</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 16a</p>
<p><b>h. And about how many hours per week did (Name of child) usually care for himself/herself?</b> <i>Be sure respondent gives weekly hours of care.</i></p>	<p align="center"><b>9658</b></p> <p align="center">[ ] [ ] Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p><b>16a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement?</b> <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i></p>	<p align="center"><b>9660</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 16c</p>
<p><b>b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)?</b> <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i></p>	<p align="center"><b>9662</b></p> <p align="center">[ ] [ ] . [ ] [ ] Per week</p>
<p><b>c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available?</b> <i>Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider even for part of the day.</i></p>	<p align="center"><b>9664</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to STATEMENT I, page 73</p>
<p><b>d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?</b></p>	<p align="center"><b>9666</b></p> <p>1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**STATEMENT I**

Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in *(Last month)* please tell me if you (. . .) used any of the following arrangements for *(Name of child)* on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).

Go to item 17a and begin asking each category.

**STATEMENT J**

We are going to ask you a few questions about *(Name of child)*

**CHECK ITEM T27**

Refer to cc items 18, 19, 24, and 27 or Check Item T23, page 70

Enter the person number, age, and name of the 2nd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

**SECOND YOUNGEST CHILD (Continued)**

Child's person No.

9667

Child's age

Name

**CHECK ITEM T28**

Refer to cc item 23

This child was born or entered the household **before** this month.

9668 1  Yes  
2  No - SKIP to Check Item T32, page 76

ASK item 17a for categories 1-4. Repeat lead-in questions as necessary.

**17a. During a typical week in *(Last month)*, please tell me if . . . used any of the following arrangements to look after *(Name of child)* when . . . was not looking after him/her?**

Mark (X) all that apply.

**17b. Was that usually at *(Name of child)*'s home or someplace else?**

**17c. About how many hours per week was *(Name of child)* in this arrangement?**

**1. *(Name of child)*'s grandparent?**

9670 1  Yes - Ask 17b and 17c  
2  No

9672 1  Child's home  
2  Grandparent's home  
3  Other place

9674   Hours per week

**2.. Any other relative of child?**

9676 1  Yes - Ask 17b and 17c  
2  No

9678 1  Child's home  
2  Other relative's home  
3  Someplace else

9680   Hours per week

**3. Family day care provider for 2 or more kids outside . . .'s home?**

9682 1  Yes - Ask 17c  
2  No

9684   Hours per week

**4. Any other friend/neighbor/sitter/nanny/au pair?**

9686 1  Yes - Ask 17b and 17c  
2  No

9688 1  Child's home  
2  Other private home  
3  Other place

9690   Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**SECOND YOUNGEST CHILD (Continued)**

**CHECK ITEM T29**

Refer to Check Item T27, page 73

Is (Name of child) less than 6 years old?

9692

- 1  Yes, less than 6 years old  
 2  No, 6 years old or older - Continue reading list with arrangement 4 below.

Ask items 18a-18c where applicable for arrangements 1-7.

**18a. During a typical week in (last month), please tell me if used any of the following arrangements to look after (Name of child) on a regular basis?**

Mark (X) all that apply

**18b. Was that at school or someplace else?**

**18c. About how many hours per week was (Name of child) in this arrangement?**

**1. Nursery/preschool?**

9694

- 1  Yes - Ask 18c  
 2  No

9696

Hours per week

**2. Child care/day care center?**

9698

- 1  Yes - Ask 18c  
 2  No

9700

Hours per week

**3. Federally supported Headstart program?**

9702

- 1  Yes - Ask 18c  
 2  No

9704

Hours per week

**CHECK ITEM T30**

Refer to Check Item T27, page 73

Age of (Name of child)?

9706

- 1  Less than 4 years old - SKIP to item 20a, page 76  
 2  4 to 5 years old - SKIP to Check Item T31, page 76  
 3  6 or more years old - Continue reading list with arrangement 4

**4. Organized sports (including practices)?**

9708

- 1  Yes - Ask 18b and 18c  
 2  No

9710

- 1  At school  
 2  Someplace else

9712

Hours per week

**5. Lessons (music, art, dance, language, computer)?**

9714

- 1  Yes - Ask 18b and 18c  
 2  No

9716

- 1  At school  
 2  Someplace else

9718

Hours per week

**6. Clubs (boys/girls clubs, scouts, and other organizations)?**

9720

- 1  Yes - Ask 18b and 18c  
 2  No

9722

- 1  At school  
 2  Someplace else

9724

Hours per week

**7. Before or after school care program?**

9726

- 1  Yes - Ask 18b and 18c  
 2  No

9728

- 1  At school  
 2  Someplace else

9730

Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

SECOND YOUNGEST CHILD (Continued)

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – CHILD CARE (Continued)**

SECOND YOUNGEST CHILD (Continued)

<p><b>CHECK ITEM T31</b></p>	<p>Refer to Check Item 10A, page 61. Is this Check Item marked Yes or No? (... at work or in school last month?)</p>	<p>9732 1 <input type="checkbox"/> Yes – Skip to Item 21 2 <input type="checkbox"/> No</p>
<p><b>19a. During a typical week, usually attend regular kindergarten or grade school?</b></p>	<p>did (Name of child)</p>	<p>9734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Item 19c</p>
<p><b>b. About how many hours per week was (Name of child) usually in school?</b> <i>Be sure the respondent gives weekly hours in school.</i></p>		<p>9736 <input type="text"/> <input type="text"/> Hours per week</p>
<p><b>c. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. During a typical week in (Last month) did (Name of child) care for himself(herself) for even a small amount of time?</b></p>		<p>9738 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Item 20a</p>
<p><b>d. About how many hours per week did (Name of child) usually care for himself(herself)?</b> <i>Be sure the respondent gives weekly hours.</i></p>		<p>9740 <input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p><b>20a. Considering all of the arrangements used for (Name of child), did ... (or ...'s family) usually make any money payment for any arrangement?</b> <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i></p>		<p>9742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Item 21</p>
<p><b>b. In a typical week in (Last month), how much did ... (or ...'s family) pay for all of these arrangements for (Name of child)?</b> <i>If arrangements are shared with other children, ask ... to split the payments between the children as best as she/he can.</i></p>		<p>9744 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week</p>
<p><b>21. During the past 12 months, how many other arrangements, if any, did ... use for (Name of child) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.</b></p>		<p>9746 <input type="text"/> <input type="text"/> Number x1 <input type="checkbox"/> None</p>
<p><b>CHECK ITEM T32</b></p>	<p>Refer to Check Item T8A, page 61 Are there three or more children in this household?</p>	<p>9748 1 <input type="checkbox"/> Yes – GO to page 78 for third child 2 <input type="checkbox"/> No – SKIP to Part D, page 94</p>

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

SECOND YOUNGEST CHILD (Continued)

NOTES

**Section 4 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**CHECK ITEM T33**

Refer to Check Items 10A, page 61  
Is this Check Item marked Yes or No?  
(... at work or in school last month?)

9750

- 1  Yes  
2  No - GO to Statement M, page 81

**THIRD YOUNGEST CHILD**

**CHECK ITEM T34**

Refer to cc items 18, 19, 24, and 27  
Enter the person number, age, and name of the 3rd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

9751

Child's person No.  
[ ][ ][ ]  
Child's age  
[ ][ ]  
Name  
\_\_\_\_\_

**STATEMENT K**

Now we are going to ask you a few questions about (Name of child)

**CHECK ITEM T35**

Refer to cc item 23  
This child was born or entered the household before this month?

9752

- 1  Yes  
2  No - SKIP Check Item T43, page 84

ASK item 22a for categories 1-8, Repeat lead-in questions as necessary.

**22a. During a typical week in (last month), please tell me if used any of the following arrangements to look after (Name of child) while ... was working (at school).**

(Mark (X) all that apply)

**22b. Was that usually at (Name of child's home or someplace else?)**

**22c. About how many hours per week was (Name of child) in this arrangement while ... was working (at school)?**

**1. Child's other parent/stepparent?**

9753

- 1  Yes - ASK 22b and 22c  
2  No

9754

- 1  Child's home  
2  Other private home  
3  Other place

9755

[ ][ ] Hours per week

**2. Did ... care for (Name of child) while at work (in school)?**

9756

- 1  Yes - ASK 22b and 22c  
2  No

9757

- 1  In ...'s home  
2  At work/at school  
3  Someplace else

9758

[ ][ ] Hours per week

**3. (Name of child)'s brother/sister age 15 or older?**

9759

- 1  Yes - ASK 22b and 22c  
2  No

9760

- 1  Child's home  
2  Other private home  
3  Other place

9761

[ ][ ] Hours per week

**4. (Name of child)'s brother/sister under age 15?**

9762

- 1  Yes - ASK 22b and 22c  
2  No

9763

- 1  Child's home  
2  Other private home  
3  Other place

9764

[ ][ ] Hours per week

**5. (Name of child)'s grandparent?**

9765

- 1  Yes - ASK 22b and 22c  
2  No

9766

- 1  Child's home  
2  Grandparent's home  
3  Other place

9767

[ ][ ] Hours per week

**6. Any other relative?**

9768

- 1  Yes - ASK 22b and 22c  
2  No

9769

- 1  Child's home  
2  Other relative's home  
3  Other place

9770

[ ][ ] Hours per week

**7. Family day care provider caring for 2 or more kids outside ...'s home?**

9771

- 1  Yes - ASK 22c  
2  No

9772

[ ][ ] Hours per week

**8. Any other friend neighbor/sitter/ nanny/au pair?**

9773

- 1  Yes - ASK 22b and 22c  
2  No

9774

- 1  Child's home  
2  Other private home  
3  Other place

9775

[ ][ ] Hours per week

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

THIRD YOUNGEST CHILD (Continued)

**CHECK  
ITEM T36**

Refer to Check Item T34,  
page 78

- 9776** 1  Yes, less than 6 years old  
2  No, 6 years old or more - Continue reading list with arrangement 4

Is (Name of child) less than  
6 years old?

Ask items 23a-23c where applicable for arrangements 1-7.

**23a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school). Mark (X) all that apply**

**23b. And where was that?**  
Read response categories.

**23c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?**

- 1. Nursery/preschool?**  
**9777** 1  Yes - Ask 23b and 23c  
2  No

- 9778** 1  At work (school)  
2  Someplace else  
(Includes . . . working  
at nursery/preschool)

**9779**   Hours per  
week

- 2. Child care/day care center?**  
**9780** 1  Yes - Ask 23b and 23c  
2  No

- 9781** 1  At work (school)  
2  Someplace else  
(Includes . . . working  
at center)

**9782**   Hours per  
week

- 3. Federally supported Headstart program?**  
**9783** 1  Yes - Ask 23c  
2  No

**9784**   Hours per  
week

**CHECK  
ITEM T37**

Refer to Check Item T34,  
page 78

Age of (Name of child)

- 9785** 1  Less than 4 years old - SKIP to item 25a, page 80  
2  4 to 5 years old - SKIP to item 24a, page 80  
3  6 or more years old - Continue reading list of  
arrangements with arrangement 4

- 4. Organized sports? (including practices)**  
**9786** 1  Yes - Ask 23b and 23c  
2  No

- 9787** 1  At school  
2  Someplace else

**9788**   Hours per  
week

- 5. Lessons (music, art, dance, language, computer)?**  
**9789** 1  Yes - Ask 23b and 23c  
2  No

- 9790** 1  At school  
2  Someplace else

**9791**   Hours per  
week

- 6. Clubs (boys/girls clubs, scouts, or other organizations)?**  
**9792** 1  Yes - Ask 23b and 23c  
2  No

- 9793** 1  At school  
2  Someplace else

**9794**   Hours per  
week

- 7. Before or after school care program?**  
**9795** 1  Yes - Ask 23b and 23c  
2  No

- 9796** 1  At work  
2  At school  
3  Someplace else

**9797**   Hours per  
week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

THIRD YOUNGEST CHILD (Continued)

<p><b>24a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?</b></p>	<p>9798</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 24c</p>
<p><b>b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)?</b> <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9799</p>	<p><input type="text"/> <input type="text"/> Hours per week</p>
<p><b>c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?</b></p>	<p>9800</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 24e</p>
<p><b>d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)?</b> <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9801</p>	<p><input type="text"/> <input type="text"/> Hours per week</p>
<p><b>e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself (herself) for even a small amount of time?</b></p>	<p>9802</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 24g</p>
<p><b>f. About how many hours per week did (Name of child) usually care for himself/herself?</b> <i>Be sure respondent gives weekly hours of care.</i></p>	<p>9803</p>	<p><input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p><b>g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?</b></p>	<p>9804</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 25a</p>
<p><b>h. And about how many hours per week did (Name of child) usually care for himself/herself?</b> <i>Be sure respondent gives weekly hours of care.</i></p>	<p>9805</p>	<p><input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p><b>25a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement?</b> <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i></p>	<p>9806</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 25c</p>
<p><b>b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)?</b> <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i></p>	<p>9807</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 Per week</p>
<p><b>c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available?</b> <i>Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider even for part of the day.</i></p>	<p>9808</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to STATEMENT L, page 81</p>
<p><b>d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?</b></p>	<p>9809</p>	<p>1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**STATEMENT L**

Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in (Last month) please tell me if you ( . . . ) used any of the following arrangements for (Name of child) on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).  
Go to item 26a and begin asking each category.

**STATEMENT M**

We are going to ask you a few questions about (Name of child).

**CHECK ITEM T38**

Refer to cc items 18, 19, 24, and 27 or Check Item T34, page 78

Enter the person number, age, and name of the 3rd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

**THIRD YOUNGEST CHILD (Continued)**

Child's person No.

9810

Child's age

Name

**CHECK ITEM T39**

Refer to cc item 23

This child was born or entered the household **before** this month.

9811 1  Yes

2  No - SKIP to Check Item T43, page 84

ASK item 26a for categories 1-4. Repeat lead-in questions as necessary.

**26a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) when . . . was not looking after him/her?**

Mark (X) all that apply.

**26b. Was that usually at (Name of child)'s home or someplace else?**

**26c. About how many hours per week was (Name of child) in this arrangement?**

**1. (Name of child)'s grandparent?**

9812

1  Yes - Ask 26b and 26c  
2  No

9813

1  Child's home  
2  Grandparent's home  
3  Other place

9814

Hours per week

**2. Any other relative of child?**

9815

1  Yes - Ask 26b and 26c  
2  No

9816

1  Child's home  
2  Other relative's home  
3  Someplace else

9817

Hours per week

**3. Family day care provider for 2 or more kids outside . . .'s home?**

9818

1  Yes - Ask 26c  
2  No

9819

Hours per week

**4. Any other friend/neighbor/sitter/nanny/au pair?**

9820

1  Yes - Ask 26b and 26c  
2  No

9821

1  Child's home  
2  Other private home  
3  Other place

9822

Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

THIRD YOUNGEST CHILD (Continued)

**CHECK ITEM T40**

Refer to Check Item T38, page 81.

Is (Name of child) less than 6 years old?

9823

- 1  Yes, less than 6 years old  
2  No, 6 years old or more - Continue reading list with arrangement 4.

ASK Items 27a-27c where applicable for arrangements 1-7.

**27a. During a typical week in (last month), please tell me if . . . used any of the following arrangements to look after (Name of child) on a regular basis?**

Mark (X) all that apply

**27b. Was that at school or someplace else?**

**27c. About how many hours per week was (Name of child) in this arrangement?**

**1. Nursery/preschool?**

9824

- 1  Yes - Ask 27c  
2  No

9825

Hours per week

**2. Child care/day care center?**

9826

- 1  Yes - Ask 27c  
2  No

9827

Hours per week

**3. Federally supported Headstart program?**

9828

- 1  Yes - Ask 27c  
2  No

9829

Hours per week

**CHECK ITEM T41**

Refer to Check Item T38, page 81

Age of (Name of child)?

9830

- 1  Less than 4 years old - SKIP to item 29a, page 84  
2  4 to 5 years old - SKIP to Check Item T42, page 84  
3  6 or more years old - Continue reading list with arrangement 4

**4. Organized sports (including practices)?**

9831

- 1  Yes - Ask 27b and 27c  
2  No

9832

- 1  At school  
2  Someplace else

9833

Hours per week

**5. Lessons (music, art, dance, language, computer)?**

9834

- 1  Yes - Ask 27b and 27c  
2  No

9835

- 1  At school  
2  Someplace else

9836

Hours per week

**6. Clubs (boys/girls clubs, scouts, or other organizations)?**

9837

- 1  Yes - Ask 27b and 27c  
2  No

9838

- 1  At school  
2  Someplace else

9839

Hours per week

**7. Before or after school care program?**

9840

- 1  Yes - Ask 27b and 27c  
2  No

9841

- 1  At school  
2  Someplace else

9842

Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

THIRD YOUNGEST CHILD (Continued)

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

THIRD YOUNGEST CHILD (Continued)

**CHECK ITEM T42**

Refer to Check Item 10A, page 61.

Is this Check Item marked Yes or No?

(... at work or in school last month?)

9843

- 1  Yes - Skip to item 30  
2  No

**28a. During a typical week, did (Name of child) usually attend regular kindergarten or grade school?**

9844

- 1  Yes  
2  No - SKIP to Item 28c

**b. About how many hours per week was (Name of child) usually in school?**

9845

Hours per week

Be sure the respondent gives weekly hours in school.

**c. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. During a typical week in (Last month) did (Name of child) care for himself(herself) for even a small amount of time?**

9846

- 1  Yes  
2  No - SKIP to Item 29a

**d. About how many hours per week did (Name of child) usually care for himself(herself)?**

9847

Hours per week

Be sure respondent gives weekly hours of care.

x4  Less than 1 hour

**29a. Considering all of the arrangements used for (Name of child), did ... (or ...'s family) usually make any money payment for any arrangement?**

9848

- 1  Yes  
2  No - SKIP to Item 30

Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.

**b. In a typical week in (Last month), how much did ... (or ...'s family) pay for all of these arrangements for (Name of child)?**

9849

.   Per week

If arrangements are shared with other children, ask ... to split the payments between the children as best as she/he can.

**30. During the past 12 months, how many other arrangements, if any, did ... use for (Name of child) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.**

9850

Number

x1  None

**CHECK ITEM T43**

Refer to Check Item T8a.

Are there four or more children in this household?

9851

- 1  Yes - GO to page 86 for fourth child  
2  No - SKIP to Part D, page 94

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

THIRD YOUNGEST CHILD (Continued)

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**CHECK ITEM T44**

Refer to Check Items 10A.

Is this Check Item marked Yes or No?  
(... at work or in school last month?)

9852

- 1  Yes  
2  No - GO to Statement P, page 89

**FOURTH YOUNGEST CHILD**

**CHECK ITEM T45**

Refer to cc items 18, 19, 24, and 27

Enter the person number, age, and name of the 4th youngest child under age 15 who is a household member for whom the person is a parent or guardian.

9853

Child's person No.

Child's age

Name

**STATEMENT N**

Now we are going to ask you a few questions about (Name of child).

**CHECK ITEM T46**

Refer to cc item 23

This child was born or entered the household before this month?

9854

- 1  Yes  
2  No - SKIP to Part D, page 94

ASK item 31a for categories 1-8. Repeat lead-in questions as necessary.

**31a. During a typical week in (Last month), please tell me if ... used any of the following arrangements to look after (Name of child) while ... was working (at school).**  
(Mark (X) all that apply)

**31b. Was that usually at (Name of child)'s home or someplace else?**

**31c. About how many hours per week was (Name of child) in this arrangement while ... was working (at school)?**

**1. Child's other parent/stepparent?**

9856

- 1  Child's home  
2  Other private home  
3  Other place

9857

Hours per week

9855

- 1  Yes - ASK 31b and 31c  
2  No

**2. Did ... care for (Name of child) while at work (in school)?**

9859

- 1  In ...'s home  
2  At work/at school  
3  Someplace else

9860

Hours per week

9858

- 1  Yes - ASK 31b and 31c  
2  No

**3. (Name of child)'s brother/sister age 15 or older?**

9862

- 1  Child's home  
2  Other private home  
3  Other place

9863

Hours per week

9861

- 1  Yes - ASK 31b and 31c  
2  No

**4. (Name of child)'s brother/sister under age 15?**

9865

- 1  Child's home  
2  Other private home  
3  Other place

9866

Hours per week

9864

- 1  Yes - ASK 31b and 31c  
2  No

**5. (Name of child)'s grandparent?**

9868

- 1  Child's home  
2  Grandparent's home  
3  Other place

9869

Hours per week

9867

- 1  Yes - ASK 31b and 31c  
2  No

**6. Any other relative?**

9871

- 1  Child's home  
2  Other relative's home  
3  Other place

9872

Hours per week

9870

- 1  Yes - ASK 31b and 31c  
2  No

**7. Family day care provider caring for 2 or more kids outside ...'s home?**

9874

Hours per week

9873

- 1  Yes - ASK 31c  
2  No

**8. Any other friend neighbor/sitter/ nanny/au pair?**

9876

- 1  Child's home  
2  Other private home  
3  Other place

9877

Hours per week

9875

- 1  Yes - ASK 31b and 31c  
2  No

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – CHILD CARE (Continued)**

FOURTH YOUNGEST CHILD (Continued)

**CHECK ITEM T47**

Refer to Check Item T45, page 86

Is (Name of child) less than 6 years old?

- 9878** 1  Yes, less than 6 years old  
2  No, 6 years old or older – Continue reading list with arrangement 4

Ask Items 32a–32c where applicable for arrangements 1–7.

**32a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school). Mark (X) all that apply**

**32b. And where was that?**  
Read response categories.

**32c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?**

**1. Nursery/preschool?**  
**9879** 1  Yes – Ask 32b and 32c  
2  No

**9880** 1  At work (school)  
2  Someplace else (Includes . . . working at nursery/preschool)

**9881**   Hours per week

**2. Child care/day care center?**  
**9882** 1  Yes – Ask 32b and 32c  
2  No

**9883** 1  At work (school)  
2  Someplace else (Includes . . . working at center)

**9884**   Hours per week

**3. Federally supported Headstart program?**  
**9885** 1  Yes – Ask 32c  
2  No

**9886**   Hours per week

**CHECK ITEM T48**

Refer to Check Item T45, page 86

Age of (Name of child)

- 9887** 1  Less than 4 years old – SKIP to item 34a, page 88  
2  4 to 5 years old – SKIP to item 33a, page 88  
3  6 or more years old – Continue reading list of arrangements with arrangement 4

**4. Organized sports? (including practices)**  
**9888** 1  Yes – Ask 32b and 32c  
2  No

**9889** 1  At school  
2  Someplace else

**9890**   Hours per week

**5. Lessons (music, art, dance, language, computer)?**  
**9891** 1  Yes – Ask 32b and 32c  
2  No

**9892** 1  At school  
2  Someplace else

**9893**   Hours per week

**6. Clubs (boys/girls clubs, scouts, and other organizations)?**  
**9894** 1  Yes – Ask 32b and 32c  
2  No

**9895** 1  At school  
2  Someplace else

**9896**   Hours per week

**7. Before or after school care?**  
**9897** 1  Yes – Ask 32b and 32c  
2  No

**9898** 1  At work  
2  At school  
3  Someplace else

**9899**   Hours per week

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

**FOURTH YOUNGEST CHILD (Continued)**

<p><b>33a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?</b></p>	<p><b>9900</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33c</p>
<p><b>b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)?</b> <i>Be sure respondent gives weekly hours in school.</i></p>	<p><b>9901</b> <input type="text"/> <input type="text"/> Hours per week</p>
<p><b>c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?</b></p>	<p><b>9902</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33e</p>
<p><b>d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)?</b> <i>Be sure respondent gives weekly hours in school.</i></p>	<p><b>9903</b> <input type="text"/> <input type="text"/> Hours per week</p>
<p><b>e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself (herself) for even a small amount of time?</b></p>	<p><b>9904</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33g</p>
<p><b>f. About how many hours per week did (Name of child) usually care for himself/herself?</b> <i>Be sure respondents give weekly hours of care.</i></p>	<p><b>9905</b> <input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p><b>g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?</b></p>	<p><b>9906</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34a</p>
<p><b>h. And about how many hours per week did (Name of child) usually care for himself/herself?</b> <i>Be sure respondents give weekly hours of care.</i></p>	<p><b>9907</b> <input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p><b>34a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement?</b> <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i></p>	<p><b>9908</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34e</p>
<p><b>b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)?</b> <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i></p>	<p><b>9909</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per week</p>
<p><b>c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available?</b> <i>Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider even for part of the day.</i></p>	<p><b>9910</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to STATEMENT O, page 89</p>
<p><b>d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?</b></p>	<p><b>9911</b> 1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – CHILD CARE (Continued)**

**STATEMENT O**

Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in *(Last month)* please tell me if you ( . . . ) used any of the following arrangements for *(Name of child)* on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).  
Go to item 35a and begin asking each category.

**STATEMENT P**

We are going to ask you a few questions about *(Name of child)*.

<p><b>CHECK ITEM T49</b> Refer to cc items 18, 19, 24, and 27 or Check Item T45, page 86</p> <p>Enter the person number, age, and name of the 4th youngest child under age 15 who is a household member for whom the person is a parent or guardian.</p>	<p><b>FOURTH YOUNGEST CHILD (Continued)</b></p>	
	<p>Child's person No.</p> <p>9912 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Child's age</p> <p><input type="text"/> <input type="text"/></p>

<p><b>CHECK ITEM T50</b> Refer to cc item 23</p> <p>This child was born or entered the household <b>before</b> this month.</p>	<p>9913 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Part D, page 94</p>
--	--

ASK item 35a for categories 1–4. Repeat lead-in questions as necessary.

<p><b>35a. During a typical week in (Last month) , please tell me if . . . used any of the following arrangements to look after (Name of child) when . . . was not looking after him/her?</b></p> <p>Mark (X) all that apply.</p>	<p><b>35b. Was that usually at (Name of child)'s home or someplace else?</b></p>	<p><b>35c. About how many hours per week was (Name of child) in this arrangement?</b></p>
<p><b>1. (Name of child)'s grandparent?</b></p> <p>9914 1 <input type="checkbox"/> Yes – Ask 35b and 35c 2 <input type="checkbox"/> No</p>	<p>9915 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Grandparent's home 3 <input type="checkbox"/> Other place</p>	<p>9916 <input type="text"/> <input type="text"/> Hours per week</p>
<p><b>2. Any other relative of child?</b></p> <p>9917 1 <input type="checkbox"/> Yes – Ask 35b and 35c 2 <input type="checkbox"/> No</p>	<p>9918 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other relative's home 3 <input type="checkbox"/> Someplace else</p>	<p>9919 <input type="text"/> <input type="text"/> Hours per week</p>
<p><b>3. Family day care provider for 2 or more kids outside . . .'s home?</b></p> <p>9920 1 <input type="checkbox"/> Yes – Ask 35c 2 <input type="checkbox"/> No</p>	<p>9921 <input type="text"/> <input type="text"/> Hours per week</p>	
<p><b>4. Any other friend/neighbor/sitter/nanny/au pair?</b></p> <p>9922 1 <input type="checkbox"/> Yes – Ask 35b and 35c 2 <input type="checkbox"/> No</p>	<p>9923 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9924 <input type="text"/> <input type="text"/> Hours per week</p>

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

FOURTH YOUNGEST CHILD (Continued)

**CHECK ITEM T53**

Refer to Check Item 10A, page 61.  
Is this Check Item marked Yes or No?  
(... at work or in school last month?)

9945 1  Yes - GO to item 39  
2  No

**37a. During a typical week, did (Name of child) usually attend regular kindergarten or grade school?**

9946 1  Yes  
2  No - SKIP to Item 37c

**b. About how many hours per week was (Name of child) usually in school?**

9947   Hours per week

Be sure the respondent gives weekly hours in school.

**c. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. During a typical week in (Last month), did (Name of child) care for himself(herself) for even a small amount of time?**

9948 1  Yes  
2  No - SKIP to item 38a

**d. About how many hours per week did (Name of child) usually care for himself(herself)?**

9949   Hours per week  
x4  Less than 1 hour

Be sure the respondent gives weekly hours.

**38a. Considering all of the arrangements used for (Name of child), did ... (or ...'s family) usually make any money payment for any arrangement?**

9950 1  Yes  
2  No - SKIP to Item 39

Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.

**b. In a typical week in (last month), how much did ... (or ...'s family) pay for all of these arrangements for (Name of child)?**

9951   .00 Per week

If arrangements are shared with other children, ask ... to split the payments between the children as best as she/he can.

**39. During the past 12 months, how many other arrangements, if any, did ... use for (Name of child) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.**

9952   Number  
x1  None

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part C - CHILD CARE (Continued)**

FOURTH YOUNGEST CHILD (Continued)

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING**

**CHECK  
ITEM T54**

*Refer to cc items 24 and 27.*

**7000**

1  Yes

2  No - *SKIP to Check Item T65, page 107*

Is . . . the designated parent or guardian of children under the age of 18 who live in this household?

**Now we have a few questions about . . . child(ren)'s activities.**

**CHECK  
ITEM T55**

*Refer to cc items 24 and 27.*

**7001**

1  Yes

2  No - *SKIP to Check Item T59, page 98*

Is . . . the designated parent or guardian of children under the age of 6 who live in this household?

**Go to Check Item T56, page 96**

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING (Continued)**

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING (Continued)**

<b>CHECK ITEM T56</b>	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p><i>Refer to cc items 18, 19, 24 and 27.</i></p> <p><i>Beginning with the youngest child under 6, enter the person numbers, ages, and names of children under 6 who are household members, for whom . . . is the designated parent or guardian.</i></p>	<p><b>7002</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p>	<p><b>7003</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p>	<p><b>7004</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p>
	<p><b>7009</b> <input type="text"/> <input type="text"/> Age</p>	<p><b>7010</b> <input type="text"/> <input type="text"/> Age</p>	<p><b>7011</b> <input type="text"/> <input type="text"/> Age</p>
	<p>Name _____</p>	<p>Name _____</p>	<p>Name _____</p>

*Complete all of items 1-5 for each child listed (starting with the youngest) before continuing with the next youngest child.*

<p><b>1. Would you say that (Child's name) health is excellent, very good, good, fair, or poor?</b></p>	<p><b>7016</b> 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p><b>7017</b> 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p><b>7018</b> 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
---	--	--	--

<p><b>CHECK ITEM T57</b></p> <p><i>Refer to Check Item T56</i></p> <p>Is (Child's name) aged 1 through 5 years old?</p>	<p><b>7261</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</p>	<p><b>7262</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</p>	<p><b>7263</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</p>
---	---	---	---

<p><b>2. How many times in the past week did . . . or any family member read stories to (Child's name)?</b></p>	<p><b>7268</b> <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None</p>	<p><b>7269</b> <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None</p>	<p><b>7270</b> <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None</p>
---	---	---	---

<p><b>3. How many times in the past month did . . . or any family member take (Child's name) on any kind of outing - out to the park, grocery store, zoo, playground, etc.?</b></p>	<p><b>7275</b> <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None</p>	<p><b>7276</b> <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None</p>	<p><b>7277</b> <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None</p>
---	---	---	---

<p><b>CHECK ITEM T58</b></p> <p><i>Refer to Check Item T56</i></p> <p>Is (Child's name) 3, 4, or 5 years old?</p>	<p><b>7282</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</p>	<p><b>7283</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</p>	<p><b>7284</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</p>
---	---	---	---

<p><b>4. Are there family rules for (Child's name) about what television programs (Child's name) can watch?</b></p>	<p><b>7289</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>7290</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>7291</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
---	---	---	---

<p><b>5a. Are there family rules about how early or late (Child's name) may watch television?</b></p>	<p><b>7296</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>7297</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>7298</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
---	---	---	---

<p><b>b. Are there family rules about how many hours (Child's name) may watch television?</b></p>	<p><b>7303</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</i></p>	<p><b>7304</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</i></p>	<p><b>7305</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</i></p>
---	--	--	--

<p>NOTES</p>			
--------------	--	--	--

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING (Continued)**

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7005 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7006 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7007 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7008 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
7012 <input type="text"/> <input type="text"/> Age	7013 <input type="text"/> <input type="text"/> Age	7014 <input type="text"/> <input type="text"/> Age	7015 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	Name _____

7019 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7020 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7021 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7022 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
--	--	--	--

7264 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7266 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7267 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Check Item T59, page 98
--	--	--	--

7271 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7272 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7273 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7274 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
--	--	--	--

7278 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7279 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7280 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7281 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
--	--	--	--

7285 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7286 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7287 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Check Item T59, page 98
--	--	--	--

7292 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7293 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7294 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7295 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
--	--	--	--

7299 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7301 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
--	--	--	--

7306 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7307 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7309 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Check Item T59, page 98
---	---	---	---

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING (Continued)**

**CHECK ITEM T59**

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children aged 6 to 11 years, who live in this household?

7310

1  Yes

2  No - SKIP to Check Item T61, page 100

**CHECK ITEM T60**

Refer to cc items 18, 19, 24 and 27.

Beginning with the youngest child aged 6 to 11, enter the person numbers, ages, and names of children aged 6 to 11 years who are household members, for whom . . . is the designated parent or guardian.

**YOUNGEST**

**SECOND YOUNGEST**

**THIRD YOUNGEST**

7311

Person No.

7312

Person No.

7313

Person No.

7318

Age

7319

Age

7320

Age

Name

Name

Name

Complete all of items 6-8 for each child listed before continuing with the next child.

**6. Are there family rules for (Child's name) about what television programs he/she can watch?**

7577

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

7578

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

7579

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

**7. Are there family rules about how early or late (Child's name) may watch television?**

7584

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

7585

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

7586

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

**8. Are there family rules about how many hours (Child's name) may watch television?**

7591

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

7592

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

7593

- 1  Yes
- 2  No
- x1  DK
- x2  Ref.

GO to Item 6 for next child, or Check Item T61, page 100 if this is the last child

GO to Item 6 for next child, or Check Item T61, page 100 if this is the last child

GO to Item 6 for next child, or Check Item T61, page 100 if this is the last child

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING (Continued)**

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>7314</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>7321</b> <input type="text"/> <input type="text"/> Age  Name _____	<b>7315</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>7322</b> <input type="text"/> <input type="text"/> Age  Name _____	<b>7316</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>7323</b> <input type="text"/> <input type="text"/> Age  Name _____	<b>7317</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. <b>7324</b> <input type="text"/> <input type="text"/> Age  Name _____

<b>7580</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7581</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7582</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7583</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>7587</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7588</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7589</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>7590</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>7594</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  <i>GO to Item 6 for next child, or Check Item T61, page 100 if this is the last child</i>	<b>7595</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  <i>GO to Item 6 for next child, or Check Item T61, page 100 if this is the last child</i>	<b>7596</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  <i>GO to Item 6 for next child, or Check Item T61, page 100 if this is the last child</i>	<b>7597</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  <i>GO to Check Item T61, page 100</i>

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING (Continued)**

**CHECK ITEM T61**

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children aged 12 to 17 who live in this household?

7598

1  Yes

2  No - SKIP to Check Item T64, page 106

**CHECK ITEM T62**

Refer to cc items 18, 19, 24 and 27.

Beginning with the youngest child aged 12 to 17, enter the person numbers, ages, and names of children aged 12 to 17 years who are household members, for whom . . . is the designated parent or guardian.

**YOUNGEST**

**SECOND YOUNGEST**

**THIRD YOUNGEST**

7599

Person No.

7600

Person No.

7601

Person No.

7606

Age

7607

Age

7608

Age

Name

Name

Name

Complete all of items 9-13 for each child listed before continuing with the next child.

**CHECK ITEM T63**

Refer to Check Item T62

What is child's age?

7613

1  12-14 SKIP to 12  
2  15-17

7614

1  12-14 SKIP to 12  
2  15-17

7615

1  12-14 SKIP to 12  
2  15-17

**9. Is (Child's name) on a sports team either in or out of school?**

7620

1  Yes  
2  No  
X1  DK  
X2  Ref.

7621

1  Yes  
2  No  
X1  DK  
X2  Ref.

7622

1  Yes  
2  No  
X1  DK  
X2  Ref.

**10. Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?**

7627

1  Yes  
2  No  
X1  DK  
X2  Ref.

7628

1  Yes  
2  No  
X1  DK  
X2  Ref.

7629

1  Yes  
2  No  
X1  DK  
X2  Ref.

**11. Does (Child's name) participate in any clubs or organizations after school or on weekends, such as school newspaper, glee club, or Scouts?**

7634

1  Yes  
2  No  
X1  DK  
X2  Ref.

7635

1  Yes  
2  No  
X1  DK  
X2  Ref.

7636

1  Yes  
2  No  
X1  DK  
X2  Ref.

**12. Are there family rules for (Child's name) about what television programs he/she can watch?**

7641

1  Yes  
2  No  
X1  DK  
X2  Ref.

7642

1  Yes  
2  No  
X1  DK  
X2  Ref.

7643

1  Yes  
2  No  
X1  DK  
X2  Ref.

**13. Are there family rules about how early or late (Child's name) may watch television?**

7648

1  Yes  
2  No  
X1  DK  
X2  Ref.

7649

1  Yes  
2  No  
X1  DK  
X2  Ref.

7650

1  Yes  
2  No  
X1  DK  
X2  Ref.

**14. Are there family rules about how many hours (Child's name) may watch television?**

7655

1  Yes  
2  No  
X1  DK  
X2  Ref.

7656

1  Yes  
2  No  
X1  DK  
X2  Ref.

7657

1  Yes  
2  No  
X1  DK  
X2  Ref.

NOTES



**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING**

Transcribe person numbers and names from pages 100 and 101 →	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	7662 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7663 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7664 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>15. During the last four months, did (Child's name) have any kind of injury, accident, or poisoning resulting in either a visit or telephone call to a health care professional or which caused him/her to miss more than one half day of school, work or other activities?</b>	7669 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child	7670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child	7671 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child
<b>16. Was there only one injury or more than one injury?</b>	7676 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b	7677 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b	7678 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b
<b>17a. Thinking about this injury, what was (Child's name) doing when the injury or poisoning happened?</b>  Mark (X) all that apply for each category.	<b>Physical exercise or sports</b> 7683 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized 7690 3 <input type="checkbox"/> School activity besides Sports/PE 7697 4 <input type="checkbox"/> Community, club, and church events 7704 5 <input type="checkbox"/> Other recreational activity 7711 6 <input type="checkbox"/> Hanging out, fooling around, resting  <b>Working</b> 7718 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income  <b>Driving/riding in motorized vehicle (check type of vehicle)</b> 7725 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other  <b>Motorized vehicle (not as passenger) (check type of vehicle)</b> 7732 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other  <b>Non-motorized vehicle (as rider or non-rider)</b> 7739 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other  7746 23 <input type="checkbox"/> Cooking (at home or work) 7753 24 <input type="checkbox"/> Eating, drinking 7760 25 <input type="checkbox"/> Sleeping 7767 26 <input type="checkbox"/> Unspecified	<b>Physical exercise or sports</b> 7684 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized 7691 3 <input type="checkbox"/> School activity besides Sports/PE 7698 4 <input type="checkbox"/> Community, club, and church events 7705 5 <input type="checkbox"/> Other recreational activity 7712 6 <input type="checkbox"/> Hanging out, fooling around, resting  <b>Working</b> 7719 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income  <b>Driving/riding in motorized vehicle (check type of vehicle)</b> 7726 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other  <b>Motorized vehicle (not as passenger) (check type of vehicle)</b> 7733 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other  <b>Non-motorized vehicle (as rider or non-rider)</b> 7740 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other  7747 23 <input type="checkbox"/> Cooking (at home or work) 7754 24 <input type="checkbox"/> Eating, drinking 7761 25 <input type="checkbox"/> Sleeping 7768 26 <input type="checkbox"/> Unspecified	<b>Physical exercise or sports</b> 7685 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized 7692 3 <input type="checkbox"/> School activity besides Sports/PE 7699 4 <input type="checkbox"/> Community, club, and church events 7706 5 <input type="checkbox"/> Other recreational activity 7713 6 <input type="checkbox"/> Hanging out, fooling around, resting  <b>Working</b> 7720 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income  <b>Driving/riding in motorized vehicle (check type of vehicle)</b> 7727 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other  <b>Motorized vehicle (not as passenger) (check type of vehicle)</b> 7734 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other  <b>Non-motorized vehicle (as rider or non-rider)</b> 7741 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other  7748 23 <input type="checkbox"/> Cooking (at home or work) 7755 24 <input type="checkbox"/> Eating, drinking 7762 25 <input type="checkbox"/> Sleeping 7769 26 <input type="checkbox"/> Unspecified
<b>b. Thinking about the injury that caused (Child's name) to cut back his/her activities the most, what was (Child's name) doing when the injury or poisoning happened? If (Child's name) was not forced to cut back, describe the most recent injury.</b>  Mark (X) all that apply for each category.	7732 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other  7739 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other  7746 23 <input type="checkbox"/> Cooking (at home or work) 7753 24 <input type="checkbox"/> Eating, drinking 7760 25 <input type="checkbox"/> Sleeping 7767 26 <input type="checkbox"/> Unspecified	7726 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other  7733 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other  7740 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other  7747 23 <input type="checkbox"/> Cooking (at home or work) 7754 24 <input type="checkbox"/> Eating, drinking 7761 25 <input type="checkbox"/> Sleeping 7768 26 <input type="checkbox"/> Unspecified	7727 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other  7734 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other  7741 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other  7748 23 <input type="checkbox"/> Cooking (at home or work) 7755 24 <input type="checkbox"/> Eating, drinking 7762 25 <input type="checkbox"/> Sleeping 7769 26 <input type="checkbox"/> Unspecified

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING**

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<p><b>7665</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p><b>7666</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p><b>7667</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p><b>7668</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>
<p><b>7672</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child</p>	<p><b>7673</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child</p>	<p><b>7674</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child</p>	<p><b>7675</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Check Item T64, page 106</p>
<p><b>7679</b> 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>	<p><b>7680</b> 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>	<p><b>7681</b> 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>	<p><b>7682</b> 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>
<p><b>Physical exercise or sports</b></p> <p><b>7686</b> 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p><b>7693</b> 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p><b>7700</b> 4 <input type="checkbox"/> Community, club, and church events</p> <p><b>7707</b> 5 <input type="checkbox"/> Other recreational activity</p> <p><b>7714</b> 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p><b>Working</b></p> <p><b>7721</b> 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p><b>Driving/riding in motorized vehicle (check type of vehicle)</b></p> <p><b>7728</b> 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p><b>Motorized vehicle (not as passenger) (check type of vehicle)</b></p> <p><b>7735</b> 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p><b>Non-motorized vehicle (as rider or non-rider)</b></p> <p><b>7742</b> 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p><b>7749</b> 23 <input type="checkbox"/> Cooking (at home or work)</p> <p><b>7756</b> 24 <input type="checkbox"/> Eating, drinking</p> <p><b>7763</b> 25 <input type="checkbox"/> Sleeping</p> <p><b>7770</b> 26 <input type="checkbox"/> Unspecified</p>	<p><b>Physical exercise or sports</b></p> <p><b>7687</b> 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p><b>7694</b> 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p><b>7701</b> 4 <input type="checkbox"/> Community, club, and church events</p> <p><b>7708</b> 5 <input type="checkbox"/> Other recreational activity</p> <p><b>7715</b> 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p><b>Working</b></p> <p><b>7722</b> 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p><b>Driving/riding in motorized vehicle (check type of vehicle)</b></p> <p><b>7729</b> 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p><b>Motorized vehicle (not as passenger) (check type of vehicle)</b></p> <p><b>7736</b> 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p><b>Non-motorized vehicle (as rider or non-rider)</b></p> <p><b>7743</b> 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p><b>7750</b> 23 <input type="checkbox"/> Cooking (at home or work)</p> <p><b>7757</b> 24 <input type="checkbox"/> Eating, drinking</p> <p><b>7764</b> 25 <input type="checkbox"/> Sleeping</p> <p><b>7771</b> 26 <input type="checkbox"/> Unspecified</p>	<p><b>Physical exercise or sports</b></p> <p><b>7688</b> 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p><b>7695</b> 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p><b>7702</b> 4 <input type="checkbox"/> Community, club, and church events</p> <p><b>7709</b> 5 <input type="checkbox"/> Other recreational activity</p> <p><b>7716</b> 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p><b>Working</b></p> <p><b>7723</b> 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p><b>Driving/riding in motorized vehicle (check type of vehicle)</b></p> <p><b>7730</b> 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p><b>Motorized vehicle (not as passenger) (check type of vehicle)</b></p> <p><b>7737</b> 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p><b>Non-motorized vehicle (as rider or non-rider)</b></p> <p><b>7744</b> 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p><b>7751</b> 23 <input type="checkbox"/> Cooking (at home or work)</p> <p><b>7758</b> 24 <input type="checkbox"/> Eating, drinking</p> <p><b>7765</b> 25 <input type="checkbox"/> Sleeping</p> <p><b>7772</b> 26 <input type="checkbox"/> Unspecified</p>	<p><b>Physical exercise or sports</b></p> <p><b>7689</b> 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p><b>7696</b> 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p><b>7703</b> 4 <input type="checkbox"/> Community, club, and church events</p> <p><b>7710</b> 5 <input type="checkbox"/> Other recreational activity</p> <p><b>7717</b> 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p><b>Working</b></p> <p><b>7724</b> 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p><b>Driving/riding in motorized vehicle (check type of vehicle)</b></p> <p><b>7731</b> 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p><b>Motorized vehicle (not as passenger) (check type of vehicle)</b></p> <p><b>7738</b> 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p><b>Non-motorized vehicle (as rider or non-rider)</b></p> <p><b>7745</b> 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p><b>7752</b> 23 <input type="checkbox"/> Cooking (at home or work)</p> <p><b>7759</b> 24 <input type="checkbox"/> Eating, drinking</p> <p><b>7766</b> 25 <input type="checkbox"/> Sleeping</p> <p><b>7773</b> 26 <input type="checkbox"/> Unspecified</p>

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING**

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p><i>Transcribe person numbers and names from pages 100 and 101 →</i></p>	<p><b>7774</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p><b>7775</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p><b>7776</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>
<p><b>ASK OR VERIFY -</b> <b>18. Where did the injury or poisoning happen?</b> <i>Mark (X) all that apply for each category.</i></p>	<p><b>7781</b> <b>Own home</b> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <b>7788</b> <b>Other home</b> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <b>7795</b> <b>School</b> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <b>7802</b> 7 <input type="checkbox"/> <b>Street/highway, sidewalk</b> <b>7809</b> 8 <input type="checkbox"/> <b>Parking lot</b> <b>7816</b> 9 <input type="checkbox"/> <b>Recreation center, sports facility</b> <b>7823</b> 10 <input type="checkbox"/> <b>Park, play-grounds, playing fields, bike paths</b> <b>7830</b> <b>Water</b> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <b>7837</b> 13 <input type="checkbox"/> <b>Farm</b> <b>7844</b> 14 <input type="checkbox"/> <b>Other</b></p> <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>	<p><b>7782</b> <b>Own home</b> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <b>7789</b> <b>Other home</b> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <b>7796</b> <b>School</b> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <b>7803</b> 7 <input type="checkbox"/> <b>Street/highway, sidewalk</b> <b>7810</b> 8 <input type="checkbox"/> <b>Parking lot</b> <b>7817</b> 9 <input type="checkbox"/> <b>Recreation center, sports facility</b> <b>7824</b> 10 <input type="checkbox"/> <b>Park, play-grounds, playing fields, bike paths</b> <b>7831</b> <b>Water</b> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <b>7838</b> 13 <input type="checkbox"/> <b>Farm</b> <b>7845</b> 14 <input type="checkbox"/> <b>Other</b></p> <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>	<p><b>7783</b> <b>Own home</b> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <b>7790</b> <b>Other home</b> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <b>7797</b> <b>School</b> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <b>7804</b> 7 <input type="checkbox"/> <b>Street/highway, sidewalk</b> <b>7811</b> 8 <input type="checkbox"/> <b>Parking lot</b> <b>7818</b> 9 <input type="checkbox"/> <b>Recreation center, sports facility</b> <b>7825</b> 10 <input type="checkbox"/> <b>Park, play-grounds, playing fields, bike paths</b> <b>7832</b> <b>Water</b> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <b>7839</b> 13 <input type="checkbox"/> <b>Farm</b> <b>7846</b> 14 <input type="checkbox"/> <b>Other</b></p> <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>
<p>NOTES</p>			

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING**

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<b>7777</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7778</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7779</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<b>7780</b> <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<b>7784</b> <b>Own home</b> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <b>Other home</b> <b>7791</b> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <b>School</b> <b>7798</b> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <b>7805</b> 7 <input type="checkbox"/> Street/highway, sidewalk <b>7812</b> 8 <input type="checkbox"/> Parking lot <b>7819</b> 9 <input type="checkbox"/> Recreation center, sports facility <b>7826</b> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <b>Water</b> <b>7833</b> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <b>7840</b> 13 <input type="checkbox"/> Farm <b>7847</b> 14 <input type="checkbox"/> Other GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child	<b>7785</b> <b>Own home</b> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <b>Other home</b> <b>7792</b> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <b>School</b> <b>7799</b> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <b>7806</b> 7 <input type="checkbox"/> Street/highway, sidewalk <b>7813</b> 8 <input type="checkbox"/> Parking lot <b>7820</b> 9 <input type="checkbox"/> Recreation center, sports facility <b>7827</b> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <b>Water</b> <b>7834</b> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <b>7841</b> 13 <input type="checkbox"/> Farm <b>7848</b> 14 <input type="checkbox"/> Other GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child	<b>7786</b> <b>Own home</b> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <b>Other home</b> <b>7793</b> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <b>School</b> <b>7800</b> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <b>7807</b> 7 <input type="checkbox"/> Street/highway, sidewalk <b>7814</b> 8 <input type="checkbox"/> Parking lot <b>7821</b> 9 <input type="checkbox"/> Recreation center, sports facility <b>7828</b> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <b>Water</b> <b>7835</b> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <b>7842</b> 13 <input type="checkbox"/> Farm <b>7849</b> 14 <input type="checkbox"/> Other GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child	<b>7787</b> <b>Own home</b> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <b>Other home</b> <b>7794</b> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <b>School</b> <b>7801</b> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <b>7808</b> 7 <input type="checkbox"/> Street/highway, sidewalk <b>7815</b> 8 <input type="checkbox"/> Parking lot <b>7822</b> 9 <input type="checkbox"/> Recreation center, sports facility <b>7829</b> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <b>Water</b> <b>7836</b> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <b>7843</b> 13 <input type="checkbox"/> Farm <b>7850</b> 14 <input type="checkbox"/> Other GO to Check Item T64, page 106

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part D - CHILDREN'S WELL-BEING**

**CHECK ITEM T64**

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children under the age of 18 who live in this household?

7851

1  Yes

2  No - SKIP to Check Item T65, page 107

**The next few questions are about your (neighborhood/community)**

(Use "community" if the respondent lives in a rural area)

(SHOW FLASHCARD LL)

**For the next few questions, we are going to use a scale from 0 to 10, when 0 means you do not agree at all and 10 means you agree completely.**

**19. How much would you say that —**

**a. People in this (neighborhood/community) help each other out?**

7852

X1  DK  
X3  NA

**b. We watch out for each other's children in this (neighborhood/community)?**

7853

X1  DK  
X3  NA

**c. There are people I can count on in this (neighborhood/community)?**

7854

X1  DK  
X3  NA

**d. There are people in this (neighbor/community) who might be a bad influence on my child(ren)?**

7855

X1  DK  
X3  NA

**e. If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.**

7856

X1  DK  
X3  NA

**f. I keep my children inside my home as much as possible because of dangers in the (neighborhood/community)?**

7857

X1  DK  
X3  NA

**g. There are safe places in the (neighborhood/community) for children to play outside?**

7858

X1  DK  
X3  NA

NOTES

133  
133  
133  
12000150.000  
52 = 133  
133  
133

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS**

**CHECK ITEM T65**

Refer to cc items 24 and 25.

Is . . . the parent of children under 21 years of age who live in this household?

8400

- 1  Yes  
2  No - SKIP to part F, page 123

7356  
4955  
12311

**1a. Does . . . have any children of . . . 's own in this household under 21 years of age who have a parent living elsewhere?**

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8401

- 1  Yes  
2  No - SKIP to part F, page 123

1511  
5845  
7356

**b. How many of . . . 's own children living here have a parent living elsewhere?**

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8402

Children 1511

**c. Which of . . . 's children are those?**

(Record person number and name of children in column A, below.)  
(List children by age, youngest first.)

A		B	C	D
Children under 21 with parent living elsewhere		NO SUPPORT agreement	MOST RECENT agreement	ALL OTHER agreements
Person No.	Name			
8403	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>1511</u>	<u>714</u>	<u>789</u>	<u>8</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
8407	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>663</u>	<u>293</u>	<u>351</u>	<u>19</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
8411	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>219</u>	<u>120</u>	<u>90</u>	<u>9</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
8415	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>53</u>	<u>35</u>	<u>15</u>	<u>3</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
8419	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>14</u>	<u>8</u>	<u>4</u>	<u>2</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
8423	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>3</u>	<u>1</u>	<u>1</u>	<u>1</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
8427	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
8431	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes

**1d. These next few questions concern child support.**

**Child support payments can be specified in written or verbal child support agreements. Have child support payments ever been agreed to or awarded for (this child/ANY OF these children).**

8435

- 1  Yes  
2  No - For each child listed in column A, mark the "Yes" box in column B and SKIP to 5a, page 117

851  
656  
1511

**CHECK ITEM T66**

Refer to column A above.

Is only one person number entered?

8436

- 1  Yes - Mark the "Yes" box in column C for 519 this child and SKIP to 2a, page 108  
2  No

336  
855

**1e. How many children are covered by a child support agreement?**

8437

Children 336

**f. Are . . . 's children that we have just listed covered by different child support agreements? By that, we mean separate agreements involving different absent parents.**

8438

- 1  Yes  
2  No - SKIP to 1j

32  
304  
336

**g. How many different child support agreements cover these children?**

8439

Number of agreements 32

**h. Which of these children are covered by the MOST RECENT AGREEMENT?**

(Refer to the children listed in column A)  
(For each child mentioned, mark the "Yes" box in column C of the roster.)

**i. Which of these children are covered by any OTHER child support agreements, either written or verbal?**

(Refer to the children listed in column A. For each child mentioned, mark the "Yes" box in column D of the roster)  
(Please note that a child cannot have more than one "Yes" box marked.)  
(SKIP to Check Item T67, page 108)

**j. Which (child/children) (is/are) covered by the agreement?**

(Refer to the children listed in column A)  
(For each child mentioned, mark the "Yes" box in column C of the roster.)

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

**CHECK ITEM T67** Refer to the roster.  
 Do any of the children in the roster NOT HAVE "Yes" marked in column C or D? **8440** 1  Yes 2  No - SKIP to 2a. *23*  
*313 / 336*

**1k. Which of these children are NOT covered by ANY child support agreements?**  
 (Refer to the children listed in column A)  
 (For each child mentioned, mark the "Yes" box in column B of the roster.)  
 (Please note that a child cannot have more than one "Yes" box marked.)

**2a. The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT.**  
 This is the agreement covering (Read names from column A that are marked "Yes" in column C in the roster.) Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?  
**8441** 1  Voluntary written agreement ratified by the court  
 2  Court-ordered agreement  
 3  Other type of written agreement - Specify *z*  
*492*  
*586*  
*22*  
*55*  
*855*  
 4  Non-written (verbal) agreement - SKIP to 3a, page 110

**b. In what year was this agreement FIRST reached?**  
**8442**     *800*  
 x1  DK

**c. What was the dollar amount of that agreement?**  
**8443** \$   Per week  
**8444** \$   Biweekly  
**8445** \$   Per month  
**8446** \$   Per year  
**8447** x1  DK *800*

**d. Has the dollar amount ever been changed?**  
**8448** 1  Yes 2  No - SKIP to Check Item T67b *216*  
*584*  
*800*

**e. In what year was the amount LAST changed?**  
**8449**     *216*  
 x1  DK

**CHECK ITEM T67a** Refer to 2e above. Is the entry ... ? *NOT on RIMS*  
**8450** 1  1993, 1994, 1995, or 1996 - Skip to 2f  
 2  1992 or earlier } SKIP to 2j  
 3  DK

**CHECK ITEM T67b** Refer to 2b above. Is the entry ... ?  
**8451** 1  1993, 1994, 1995, or 1996 - Skip to 2h *169*  
 2  1992 or earlier } SKIP to 2j *415*  
 3  DK *584*

**f. What was the dollar amount for the agreement after the last change?**  
**8452** \$   Per week  
**8453** \$   Biweekly  
**8454** \$   Per month  
**8455** \$   Per year  
**8456** x1  DK *126*

**g. Was this change made or agreed to by a government agency such as a court or child support agency?**  
**8457** 1  Yes *127*  
 2  No *0*  
*127*

**h. Were any payments due in the last 12 months?**  
**8458** 1  Yes - SKIP to 2j *283*  
 2  No *13*  
*296*

**i. Why were no payments due in the last 12 months?**  
**8459** 3  Child(ren) over the age limit  
 3  2  Other parent not working  
 0  3  Other parent in jail or institution  
 1  4  Payment suspended by court or agency  
 6  5  Other - Specify *z*  
*13* } SKIP to 2n

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

**2j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?**

8460 \$ 787 . 00

x1  DK

**k. How are the payments supposed to be received? Are they received - (Read responses.)**

8461

1  Directly from the other parent?  
 2  Through a court?  
 3  Through the welfare or child support agency?  
 4  Some other method - Specify z

269  
301  
184  
33  
486

x1  DK

**l. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?**

8462 \$ 588 . 00

x3  None - SKIP to 2n 199  
 x1  DK 787

**CHECK ITEM T67c** Refer to Check Items T67a and 67b, page 108  
 Is either box 1 marked?

8463

1  Yes  
 2  No - SKIP to Check Item T68 126 / 462 / 588

**m. How regularly were child support payments received over the past 12 months? Were they received - (Read responses)**

8464

1  All of the time 72  
 2  Most of the time 20  
 3  Some of the time 26  
 4  None of the time 8

126

**n. Under the terms of the agreement with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?**

8465

1  Yes  
 2  No - SKIP to 2p  
 x1  DK

194  
144  
338

**o. Would you say the amount of back payments due . . . is - (Read responses)**

8466

1  Less than \$500  
 2  Between \$500 and \$5,000  
 3  More than \$5,000  
 x1  DK

14  
75  
105  
194

**p. What kinds of provisions for health care costs are included in the child support agreement? Mark (X) all that apply.**

8467 1  Non-custodial parent to provide health insurance 109  
 8468 2  Custodial parent to provide health insurance 86  
 8469 3  Non-custodial parent to pay actual medical costs directly 15  
 8470 4  Child support payments to include cash medical support 3  
 8471 5  None 128  
 8472 6  Other - Specify z 17 / 358

**q. What child custody arrangements does the most recent agreement specify?**

8473

1  Joint legal and physical custody 22  
 2  Joint legal with mother physical custody 34  
 3  Joint legal with father physical custody 4  
 4  Mother legal and physical custody 239  
 5  Father legal and physical custody 21  
 6  Split custody  
 7  Other - Specify z 2 / 16 / 338

**r. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?**

8474

1  Yes 193  
 2  No 145 / 338

**CHECK ITEM T68** Refer to the roster, column C.  
 Is more than one child marked "Yes"?

8475

1  Yes 102  
 2  No - SKIP to 2t 236 / 338

**2s. Did all the children visit the other parent about the same number of days in the last 12 months?**

8476

1  Yes - ASK 2t for all children 468  
 2  No - ASK 2t for oldest child 96 / 564

**t. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?**

8477  Days 441  
 8478  Weeks 98  
 8479  Months 30  
 8480 x3  None 234  
 8481 x1  DK 803

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

<p><b>2u. Where does the other parent (for this agreement) now live?</b></p>		<p>8482 <input type="checkbox"/> Same county/city                  346 <input type="checkbox"/> Same State (different county/city)                  232 <input type="checkbox"/> Different State                  173 <input type="checkbox"/> Other parent now deceased - SKIP to Check Item T70, page 117                  0 <input type="checkbox"/> Other - Specify <u>z</u>                  138 <input type="checkbox"/> Unknown - SKIP to Check Item T70, page 117</p>
<p><b>CHECK ITEM T68a</b> Refer to Check Items T67a and T67b, page 108                  Is either box 1 marked?</p>		<p>8483 <input type="checkbox"/> Yes <u>159</u>                  603 <input type="checkbox"/> No - Skip to Check Item T70 page 117 <u>762</u></p>
<p><b>v. Do you and the other parent still live in the same State(s) where the initial child support agreement was reached?</b></p>		<p>8484 <input type="checkbox"/> Yes - SKIP to Check Item T70, page 117                  128, 31 <input type="checkbox"/> No <u>159</u></p>
<p><b>w. Who moved?</b></p>		<p>8485 <input type="checkbox"/> Respondent                  18 <input type="checkbox"/> Other parent                  4 <input type="checkbox"/> Both respondent and other parent } SKIP to Check Item T70, page 117                  31</p>
<p><b>3a. Now I would like to ask a few questions specifically about this most recent, non-written, child support agreement or understanding. In what year was this (agreement/understanding) FIRST reached?</b></p>		<p>8486 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>55</u>                  x1 <input type="checkbox"/> DK</p>
<p><b>b. What was the dollar amount of that (agreement/understanding)?</b></p>		<p>8487 \$ <u>16</u> . <input type="checkbox"/> 00 Per week                  8488 \$ <u>3</u> . <input type="checkbox"/> 00 Biweekly                  8489 \$ <u>36</u> . <input type="checkbox"/> 00 Per month <u>55</u>                  8490 \$ <u>0</u> . <input type="checkbox"/> 00 Per year                  8491 x1 <input type="checkbox"/> DK <u>0</u></p>
<p><b>c. Has the dollar amount ever been changed?</b></p>		<p>8492 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item T68c <u>49/55</u></p>
<p><b>d. In what year was the amount LAST changed?</b></p>		<p>8493 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>6</u>                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T68b</b> Refer to 3d above.                  Is the entry ...?</p>	<p><i>Not on file</i></p>	<p>8494 <input type="checkbox"/> 1993, 1994, 1995, or 1996 - Skip to 3e  <input type="checkbox"/> 1992 or earlier } SKIP to 3h  <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T68c</b> Refer to 3a above.                  Is the entry ...?</p>		<p>8495 <input type="checkbox"/> 1993, 1994, 1995, or 1996 - Skip to 3f <u>26</u>  <input type="checkbox"/> 1992 or earlier } SKIP to 3h <u>17</u>  <input type="checkbox"/> DK <u>3</u>  <u>46</u></p>
<p><b>e. What was the dollar amount for the (agreement/understanding) after the last change?</b></p>		<p>8496 \$ <u>2</u> . <input type="checkbox"/> 00 Per week                  8497 \$ <u>0</u> . <input type="checkbox"/> 00 Biweekly                  8498 \$ <u>0</u> . <input type="checkbox"/> 00 Per month                  8499 \$ <u>0</u> . <input type="checkbox"/> 00 Per year                  8500 x1 <input type="checkbox"/> DK <u>0</u></p>
<p><b>f. Were any payments due in the last 12 months?</b></p>		<p>8501 <input type="checkbox"/> Yes - SKIP to 3h <u>30</u>  <input type="checkbox"/> No <u>9/30</u></p>
<p><b>g. Why were no payments due in the last 12 months?</b></p>		<p>8502 <input type="checkbox"/> Child(ren) too old  <input type="checkbox"/> Other parent not working  <input type="checkbox"/> Other parent in jail or institution  <input type="checkbox"/> Other - Specify <u>z</u> } SKIP to 3k  <u>4</u></p>

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

<p><b>3h. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement/understanding)?</b></p>	<p>8503 \$ <u>51</u> . <u>00</u>                  X1 <input type="checkbox"/> DK</p>
<p><b>i. What is the total amount that . . . actually received in child support payments under that (agreement/understanding) during the past 12 months?</b></p>	<p>8504 \$ <u>44</u> . <u>00</u>                  X3 <input type="checkbox"/> None - SKIP to 3k <u>10</u>                  X1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T68d</b> Refer to Check Items T68b and 68c, page 110.                  Is either box 1 marked?</p>	<p>8505 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to Check Item T69  <span style="float: right;"><u>20</u> <u>19</u> / <u>39</u></span></p>
<p><b>3j. How regularly are child support payments received over the past 12 months? Were they received - (Read responses)</b></p>	<p>8506 1 <input type="checkbox"/> All of the time <u>20</u>                  2 <input type="checkbox"/> Most of the time <u>2</u>                  3 <input type="checkbox"/> Some of the time <u>4</u>                  4 <input type="checkbox"/> None of the time <u>0</u> / <u>26</u></p>
<p><b>k. Under the terms of the (agreement/understanding) with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?</b></p>	<p>8507 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 3m                  X1 <input type="checkbox"/> DK  <span style="float: right;"><u>18</u> <u>22</u> <u>40</u></span></p>
<p><b>l. Would you say the amount of back payments due . . . is - (Read responses)</b></p>	<p>8508 1 <input type="checkbox"/> Less than \$500 <u>7</u>                  2 <input type="checkbox"/> Between \$500 and \$5,000 <u>9</u>                  3 <input type="checkbox"/> More than \$5,000 <u>2</u>                  X1 <input type="checkbox"/> DK  <span style="float: right;"><u>18</u></span></p>
<p><b>m. What kinds of provisions for health care costs were agreed to?</b>                  Mark (X) all that apply.</p>	<p>8509 1 <input type="checkbox"/> Non-custodial parent to provide health insurance <u>11</u>                  8510 2 <input type="checkbox"/> Custodial parent to provide health insurance <u>4</u>                  8511 3 <input type="checkbox"/> Non-custodial parent to pay actual medical costs directly <u>2</u>                  8512 4 <input type="checkbox"/> Child support payments to include cash medical support <u>0</u>                  8513 5 <input type="checkbox"/> None <u>23</u>                  8514 6 <input type="checkbox"/> Other - Specify <u>2</u></p>
<p><b>n. What child custody arrangements does the (agreement/understanding) specify?</b></p>	<p>8515 1 <input type="checkbox"/> Child(ren) live with mother <u>31</u>                  2 <input type="checkbox"/> Child(ren) live with father <u>0</u>                  3 <input type="checkbox"/> Child(ren) live with mother and with father <u>0</u>                  4 <input type="checkbox"/> None <u>7</u>                  5 <input type="checkbox"/> Other - Specify <u>2</u>  <span style="float: right;"><u>40</u></span></p>
<p><b>o. Does the child support (agreement/understanding) cover the visitation arrangement between the child(ren) and the other parent?</b></p>	<p>8516 1 <input type="checkbox"/> Yes <u>30</u>                  2 <input type="checkbox"/> No <u>10</u>  <span style="float: right;"><u>40</u></span></p>
<p><b>CHECK ITEM T69</b> Refer to the roster, column C.                  Is more than one child marked "Yes"?</p>	<p>8517 1 <input type="checkbox"/> Yes <u>19</u>                  2 <input type="checkbox"/> No - SKIP to 3q <u>36</u>  <span style="float: right;"><u>55</u></span></p>
<p><b>3p. Did all the children visit the other parent about the same number of days in the last 12 months?</b></p>	<p>8518 1 <input type="checkbox"/> Yes - ASK 3q for all children <u>18</u>                  2 <input type="checkbox"/> No - ASK 3q for oldest child <u>1</u> / <u>19</u></p>
<p><b>q. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?</b></p>	<p>8519 <input type="text"/> Days <u>42</u>                  8520 <input type="text"/> Weeks <u>4</u>                  8521 <input type="text"/> Months <u>3</u>                  8522 X3 <input type="checkbox"/> None <u>6</u>                  8523 X1 <input type="checkbox"/> DK <u>1</u>  <span style="float: right;"><u>56</u></span></p>
<p><b>CHECK ITEM T69a</b> Refer to cc item 28.                  Is . . . male/female?</p>	<p>8524 1 <input type="checkbox"/> Male - Go to Check item T69g, page 116 <u>10</u>                  2 <input type="checkbox"/> Female <u>42</u>  <span style="float: right;"><u>52</u></span></p>
<p><b>CHECK ITEM T69b</b> Refer to cc item 26a.                  What is . . . 's Marital Status?</p>	<p>8525 1 <input type="checkbox"/> Never Married - Go to Check Item T69c, page 112 <u>15</u>                  2 <input type="checkbox"/> All others - SKIP to Check Item T69e, page 114 <u>39</u>  <span style="float: right;"><u>54</u></span></p>

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

**NEVER MARRIED WOMEN WITH VERBAL AGREEMENT**

CHECK ITEM T69c	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	Record person number, age, and name of every child marked "Yes" in column C, page 107.  (Record youngest to oldest)	8526 <input type="checkbox"/> 15 Person No. 8534 <input type="checkbox"/> 13 Age Name _____	8527 <input type="checkbox"/> 3 Person No. 8535 <input type="checkbox"/> 3 Age Name _____
<b>3r.1</b> One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.  (Ask 3r.2-3r.6 for the first child recorded in Check Item T69c before moving on to next child recorded in Check Item T69c)			
<b>3r.2</b> Was (Child's name) father ever legally identified by a court ruling?	8542 1 <input type="checkbox"/> Yes 3 2 <input type="checkbox"/> No 13 x1 <input type="checkbox"/> DK 1/17	8543 1 <input type="checkbox"/> Yes 1 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 3	8544 1 <input type="checkbox"/> Yes 1 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK 1/2
<b>3r.3</b> Was (Child's name) father ever legally identified by a blood test or other genetic test?	8550 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 13 x1 <input type="checkbox"/> DK 2/17	8551 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 1/3	8552 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK 1/1
<b>3r.4</b> Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8558 1 <input type="checkbox"/> Yes 8 2 <input type="checkbox"/> No 7 x1 <input type="checkbox"/> DK 1/16	8559 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 3 x1 <input type="checkbox"/> DK 0/3	8560 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 0/2
<b>3r.5</b> Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	8566 1 <input type="checkbox"/> Yes 8 2 <input type="checkbox"/> No 7 x1 <input type="checkbox"/> DK 2/17	8567 1 <input type="checkbox"/> Yes 1 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 3	8568 1 <input type="checkbox"/> Yes 1 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK 0/1
<b>3r.6</b> Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	8574 1 <input type="checkbox"/> Yes 11 2 <input type="checkbox"/> No 5 x1 <input type="checkbox"/> DK 1/17	8575 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 3 x1 <input type="checkbox"/> DK 0/3	8576 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK 0/1
<b>CHECK ITEM T69d</b>  Are there any more children recorded in Check Item T69c?	8582 1 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child 4 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116 13 17	8583 1 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child 1 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116 2 3	8584 1 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child 0 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116 1
NOTES			

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8529 <input checked="" type="checkbox"/> Person No. 8537 <input checked="" type="checkbox"/> Age Name _____	8530 <input checked="" type="checkbox"/> Person No. 8538 <input checked="" type="checkbox"/> Age Name _____	8531 <input checked="" type="checkbox"/> Person No. 8539 <input checked="" type="checkbox"/> Age Name _____	8532 <input checked="" type="checkbox"/> Person No. 8540 <input checked="" type="checkbox"/> Age ? Name _____	8533 <input checked="" type="checkbox"/> Person No. 8541 <input checked="" type="checkbox"/> Age Name _____
8545 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8546 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8547 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8548 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>
8553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8554 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8555 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>
8561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>
8569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8573 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>
8577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8578 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8579 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>	8581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/>
8585 1 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8586 1 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8587 1 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8588 1 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	Go to Check Item T69g, page 116

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

**CURRENTLY MARRIED, OR ONCE MARRIED WOMEN WITH VERBAL AGREEMENT**

CHECK ITEM T69e	Record person number, age, and name of every child marked "Yes" in column C, page 107.  (Record youngest to oldest)	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
		8590 <input type="checkbox"/> 39 Person No. 8598 <input checked="" type="checkbox"/> 39 Age Name _____	8591 <input type="checkbox"/> 16 Person No. 8599 <input type="checkbox"/> 16 Age Name _____	8592 <input type="checkbox"/> 2 Person No. 8600 <input type="checkbox"/> 2 Age Name _____
<b>3r.7</b> One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.				?
<b>3r.8</b> Was . . . ever married to (Child's name) father?		8606 <input type="checkbox"/> Yes - Go to Check Item T69g, page 116 34 6 40 <input type="checkbox"/> No		
<b>3r.9</b> Was (Child's name) father ever legally identified by a court ruling?		8607 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK 4/5	8608 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0	8609 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0
<b>3r.10</b> Was (Child's name) father ever legally identified by a blood test or other genetic test?		8615 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0/5	8616 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0	8617 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0
<b>3r.11</b> Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?		8623 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 3/5	8624 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0	8625 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0
<b>3r.12</b> Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?		8631 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 3/5	8632 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0/1	8633 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0
<b>3r.13</b> Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?		8639 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 3/5	8640 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0	8641 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 0
<b>CHECK ITEM T69f</b>  Are there any more children recorded in Check Item T69e?		8647 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 0 <input checked="" type="checkbox"/> No - Go to Check Item T69g, page 116 6/6	8648 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 0 <input type="checkbox"/> No - Go to Check Item T69g, page 116 0	8649 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 0 <input type="checkbox"/> No - Go to Check Item T69g, page 116 0

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8593 <input checked="" type="checkbox"/> Person No. 8601 <input checked="" type="checkbox"/> Age Name _____	8594 <input type="checkbox"/> Person No. 8602 <input type="checkbox"/> Age Name _____	8595 <input type="checkbox"/> Person No. 8603 <input type="checkbox"/> Age Name _____	8596 <input type="checkbox"/> Person No. 8604 <input type="checkbox"/> Age Name _____	8597 <input checked="" type="checkbox"/> Person No. 8605 <input type="checkbox"/> Age Name _____
?				
8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8611 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8613 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8614 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8644 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8645 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8646 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8650 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8651 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8652 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8653 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	Go to Check Item T69g, page 116

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

**CHECK ITEM T69g**

Refer to Check Items T68b and T68c, page 110.

Is either box 1 marked?

8655

- 1  Yes
- 2  No - SKIP to 3t

34  
22  
56

**3s. Why was this (agreement/understanding) never put in writing?**

Mark (X) all that apply.

8656

- 1  Legal paternity not established 0

8657

- 2  Unable to locate parent 0

8658

- 3  Other parent unable to pay 2

8659

- 4  Final agreement pending 7

8660

- 5  Accepted property settlement in lieu of child support 0

8661

- 6  Do not want a legal child support award 1

8662

- 7  Did not pursue award 8

8663

- 8  Other - Specify 13

31

**t. Where does the other parent (for this agreement/understanding) now live?**

8664

- 1  Same county / city
- 2  Same State (different county / city)
- 3  Different State
- 4  Other parent now deceased - SKIP to Check item T70, page 117
- 5  Other - Specify
- 6  Unknown - SKIP to Check Item T70, page 117

40  
13  
10  
0  
0  
64

**CHECK ITEM T69h**

Refer to Check Item T69g above. Is box 1 marked?

8665

- 1  Yes
- 2  No - SKIP to Check Item T70, page 117

34 25 / 59

**u. Do (. . .)'s and the other parent still live in the same State(s) where the initial child support (agreement/understanding) was reached?**

8666

- 1  Yes - SKIP to Check Item T70, page 117
- 2  No

29, 6 / 35

**v. Who moved?**

8667

- 1  Respondent
- 2  Other parent
- 3  Both respondent and other parent

3

1/6

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

**CHECK  
ITEM T70**

Refer to the roster, column D, page 107  
Were any other of . . . 's own children  
covered by another agreement?

8668 1  Yes  
2  No - SKIP to 5a

33  
901  
934

**4a. Now I would like to ask a few questions about the other child support agreement(s) . . . 's had for . . . 's children ("Yes" marked in column D, page 107).**

**What is the total amount that . . . was supposed to have received in child support payments under this (these) agreement(s), during the last 12 months?**

8669 \$ 7 . 00 Per week  
8670 \$ 0 . 00 Biweekly  
8671 \$ 19 . 00 Per month  
8672 \$ 1 . 00 Per year  
8673 X1  DK 6  
X3  None

**b. What is the total amount that . . . actually received in child support payments under this (these) agreement(s), during the last 12 months?**

8674 \$ 17 . 00  
X3  None 16  
X1  DK

**5a. This next question refers to all of . . . 's children.**

**For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?**

8676 1  Yes  
2  No - SKIP to Check Item T71, page 118

480  
1031 / 1511

**b. In what year did . . . LAST ASK for help?**

8678 1 9       480  
X1  DK

**c. What type of help did . . . ask for (Last contact)?**  
Mark (X) all that apply.

8680 1  Locate the other parent 99  
8682 2  Establish paternity 24  
8684 3  Establish support obligation 202  
8686 4  Establish medical support 36  
8688 5  Enforce support order 241  
8690 6  Modify an order 22  
8692 7  Other - Specify 30

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

<b>5d. Did . . . receive any help from the agency (Last contact)?</b>	8694	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T74	233 247 480
<b>e. What kind of help did . . . receive (Last contact)?</b> Mark (X) all that apply.	8696 8698 8700 8702 8704 8706 8708	1 <input type="checkbox"/> Locate the other parent 2 <input type="checkbox"/> Establish paternity 3 <input type="checkbox"/> Establish support obligation 4 <input type="checkbox"/> Establish medical support 5 <input type="checkbox"/> Enforce support order 6 <input type="checkbox"/> Modify an order 7 <input type="checkbox"/> Other - Specify	29 7 72 7 103 18 41
<b>CHECK ITEM T71</b> Are any children listed in column A, page 107 of the roster marked "Yes" in column B (Children with NO support agreement)?	8710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12, page 122	759 752/1511
<b>CHECK ITEM T72</b> Refer to cc item 28. What is . . . 's sex?	8712	1 <input type="checkbox"/> Male - SKIP to Check Item T80, page 122 2 <input type="checkbox"/> Female	122 637 759
<b>CHECK ITEM T73</b> Refer to cc item 26a. What is . . . 's Marital Status?	8714	1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> All others - SKIP to Check Item T75, page 120	227 410/637

**NEVER MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT**

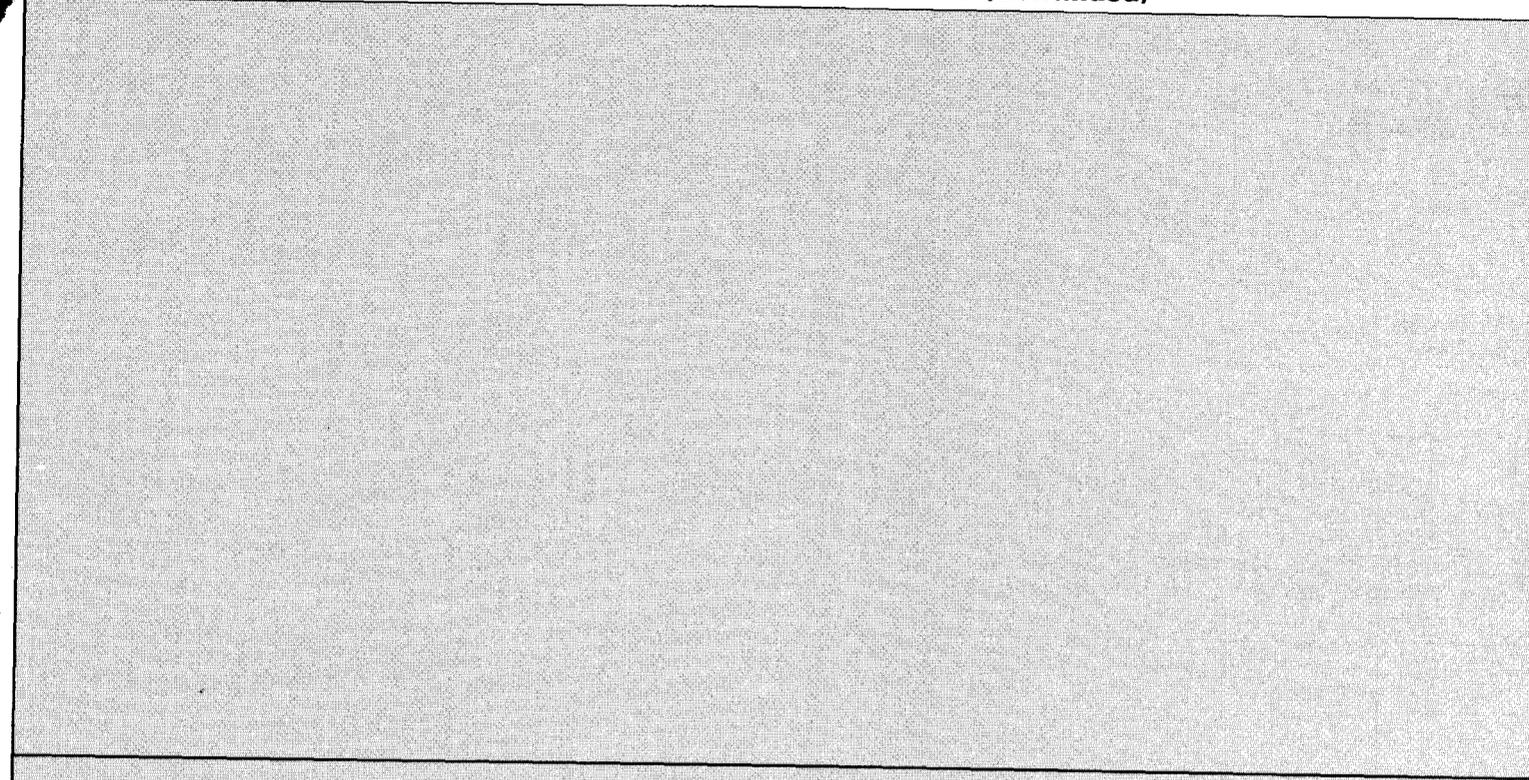
<b>CHECK ITEM T74a</b> Record person number, age, and name of every child marked "Yes" in column B, page 107. (Record youngest to oldest)	YOUNGEST		SECOND YOUNGEST		THIRD YOUNGEST	
	8715	Person No.	8716	Person No.	8717	Person No.
	227		86		48	
	8723	Age	8724	Age	8725	Age
	180		86		48	
		Name		Name		Name
	0					

<b>6. One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.</b> <i>(Ask 6a-6e for the first child recorded in Check Item T68a before moving on to the next child recorded in Check Item T68a)</i>			
<b>6a. Was (Child's name) father ever legally identified by a court ruling?</b>	8731	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	26 188 13/214
<b>6b. Was (Child's name) father ever legally identified by a blood test or other genetic test?</b>	8739	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	2 210 15/227
<b>6c. Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?</b>	8747	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	54 151 23/227
<b>6d. Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?</b>	8755	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	24 176 27/227
<b>6e. Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?</b>	8763	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	32 165 30/227

<b>CHECK ITEM T74b</b> Are there any more children recorded in Check Item T74a?	8771	1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	86 141 227
	8772	1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	48 38 86
	8773	1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	13 35 48

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**



FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8718 <input type="checkbox"/> 13 Person No. 8726 <input type="checkbox"/> 13 Age Name _____	8719 <input type="checkbox"/> 3 Person No. 8727 <input type="checkbox"/> 3 Age Name _____	8720 <input type="checkbox"/> 0 Person No. 8728 <input type="checkbox"/> 0 Age Name _____	8721 <input type="checkbox"/> 0 Person No. 8729 <input type="checkbox"/> 0 Age Name _____	8722 <input type="checkbox"/> 0 Person No. 8730 <input type="checkbox"/> 0 Age Name _____
8734 1 <input type="checkbox"/> Yes 10 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 13	8735 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 3	8736 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8737 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8738 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK
8742 1 <input type="checkbox"/> Yes 10 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 13	8743 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 3	8744 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8745 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8746 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK
8750 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 11 x1 <input type="checkbox"/> DK 13	8751 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 1 x1 <input type="checkbox"/> DK 3	8752 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8753 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8754 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK
8758 1 <input type="checkbox"/> Yes 10 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 13	8759 1 <input type="checkbox"/> Yes 0 2 <input type="checkbox"/> No 2 x1 <input type="checkbox"/> DK 3	8760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8761 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8762 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK
8766 1 <input type="checkbox"/> Yes 3 2 <input type="checkbox"/> No 8 x1 <input type="checkbox"/> DK 13	8767 1 <input type="checkbox"/> Yes 2 2 <input type="checkbox"/> No 1 x1 <input type="checkbox"/> DK 3	8768 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8769 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK	8770 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0 x1 <input type="checkbox"/> DK
8774 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 3 10 13 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	8775 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 0 3 3 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	8776 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 0 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	8777 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 0 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	GO to Check Item T79, Page 122

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

**CURRENTLY MARRIED OR ONCE MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT**

CHECK ITEM T75		YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p>Record person number, age, and name of every child marked "Yes" in column B, page 106.</p> <p>(Record youngest to oldest)</p>		<p>8779 <u>410</u> Person No.</p> <p>8787 <u>398</u> Age</p> <p>Name <u>?</u></p>	<p>8780 <u>170</u> Person No.</p> <p>8788 <u>170</u> Age</p> <p>Name _____</p>	<p>8781 <u>62</u> Person No.</p> <p>8789 <u>62</u> Age</p> <p>Name _____</p>
<p><b>7. One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.</b></p>				
<p><b>7a. Was ... ever married to (Child's name) father?</b></p>		<p>8795 1 <input type="checkbox"/> Yes</p> <p><u>277</u> <u>133</u> <u>410</u></p> <p>2 <input type="checkbox"/> No - SKIP to 7c for this child</p>	<p>8796 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child</p> <p><u>26</u> <u>31</u> <u>57</u></p> <p>If not last child ask 7a for next child</p> <p>2 <input type="checkbox"/> No - SKIP to 7c for this child</p> <p><u>?</u></p>	<p>8797 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child</p> <p><u>11</u> <u>11</u> <u>22</u></p> <p>If not last child ask 7a for next child</p> <p>2 <input type="checkbox"/> No - SKIP to 7c for child</p> <p><u>?</u></p>
<p><b>CHECK ITEM T76</b></p> <p>Are there any more children recorded in Check Item T69?</p>		<p>8803 1 <input type="checkbox"/> Yes</p> <p><u>124</u> <u>153</u> <u>277</u></p> <p>2 <input type="checkbox"/> No - SKIP to page 122 and ASK 9a-9c for this child</p>		
<p><b>7b. Do (Read names of all children recorded in Check Item T70) all have the same father?</b></p>		<p>8804 1 <input type="checkbox"/> Yes - SKIP to 9a, page 122 and ask 9a-9c for youngest child listed in Check Item T75</p> <p><u>113</u> <u>11</u> <u>124</u></p> <p>2 <input type="checkbox"/> No - GO to 7a for the next child</p>		
<p><b>7c. Was (Child's name) father ever legally identified by a court ruling?</b></p>		<p>8805 1 <input type="checkbox"/> Yes</p> <p><u>23</u> <u>105</u> <u>5</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>133</u></p>	<p>8806 1 <input type="checkbox"/> Yes</p> <p><u>7</u> <u>21</u> <u>3</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>31</u></p>	<p>8807 1 <input type="checkbox"/> Yes</p> <p><u>3</u> <u>6</u> <u>2</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>11</u></p>
<p><b>7d. Was (Child's name) father ever legally identified by a blood test or other genetic test?</b></p>		<p>8813 1 <input type="checkbox"/> Yes</p> <p><u>13</u> <u>113</u> <u>10</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>133</u></p>	<p>8814 1 <input type="checkbox"/> Yes</p> <p><u>3</u> <u>26</u> <u>31</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>31</u></p>	<p>8815 1 <input type="checkbox"/> Yes</p> <p><u>2</u> <u>7</u> <u>2</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>11</u></p>
<p><b>7e. Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?</b></p>		<p>8821 1 <input type="checkbox"/> Yes</p> <p><u>32</u> <u>87</u> <u>14</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>133</u></p>	<p>8822 1 <input type="checkbox"/> Yes</p> <p><u>11</u> <u>16</u> <u>4</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>31</u></p>	<p>8823 1 <input type="checkbox"/> Yes</p> <p><u>2</u> <u>8</u> <u>1</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>11</u></p>
<p><b>7f. Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?</b></p>		<p>8829 1 <input type="checkbox"/> Yes</p> <p><u>17</u> <u>105</u> <u>11</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>133</u></p>	<p>8830 1 <input type="checkbox"/> Yes</p> <p><u>6</u> <u>23</u> <u>2</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>31</u></p>	<p>8831 1 <input type="checkbox"/> Yes</p> <p><u>3</u> <u>7</u> <u>1</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>11</u></p>
<p><b>7g. Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?</b></p>		<p>8837 1 <input type="checkbox"/> Yes</p> <p><u>27</u> <u>90</u> <u>16</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>133</u></p>	<p>8838 1 <input type="checkbox"/> Yes</p> <p><u>3</u> <u>24</u> <u>4</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>31</u></p>	<p>8839 1 <input type="checkbox"/> Yes</p> <p><u>8</u> <u>3</u> <u>1</u></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p><u>11</u></p>
<p><b>CHECK ITEM T77</b></p> <p>Are there any more children recorded in Check Item T69?</p>		<p>8845 1 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p><u>46</u> <u>87</u> <u>133</u></p> <p>2 <input type="checkbox"/> No - SKIP to 9a, page 122</p>	<p>8846 1 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p><u>11</u> <u>21</u> <u>33</u></p> <p>2 <input type="checkbox"/> No - SKIP to 9a, page 122</p>	<p>8847 1 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p><u>2</u> <u>9</u> <u>11</u></p> <p>2 <input type="checkbox"/> No - SKIP to 9a, page 122</p>
<p><b>CHECK ITEM T78</b></p> <p>Is there an answer marked, in item 7b?</p>			<p>8853 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122</p> <p><u>5</u> <u>30</u> <u>35</u></p> <p>2 <input type="checkbox"/> No - SKIP to 8a, page 122</p>	<p>8854 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122</p> <p><u>5</u> <u>10</u> <u>15</u></p> <p>2 <input type="checkbox"/> No - SKIP to 8a, page 122</p>

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8782 <input type="checkbox"/> 15 Person No.	8783 <input type="checkbox"/> 4 Person No.	8784 <input type="checkbox"/> Person No.	8785 <input type="checkbox"/> Person No.	8786 <input type="checkbox"/> Person No.
8790 <input type="checkbox"/> 15 Age	8791 <input type="checkbox"/> 4 Age	8792 <input type="checkbox"/> Age	8793 <input type="checkbox"/> Age	8794 <input type="checkbox"/> Age
Name _____	Name _____	Name _____	Name _____	Name _____
8798 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child b 1 7 ?	8799 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child 2 0 2 ?	8800 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child 0	8801 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child 0	8802 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for child 0
8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0 1 1	8809 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8811 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0
8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0 1 1	8817 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8819 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0
8824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0 0 1	8825 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8826 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8827 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0
8832 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 1	8833 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8834 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8835 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0
8840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 1 1	8841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8842 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0	8844 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 0
8848 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No - SKIP to 9a, page 122 1 2 3	8849 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No - SKIP to 9a, page 122 1 1 1	8850 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No - SKIP to 9a, page 122 0	8851 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No - SKIP to 9a, page 122 0	GO to Check Item T78
8855 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122 0 5 5	8856 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122 1 1 2	8857 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122 0	8858 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122 0	8859 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122 0

**Section 5 - TOPICAL MODULES (Continued)**

**Part E - CHILD SUPPORT AGREEMENTS (Continued)**

<p><b>8a. Do</b> (Read names of all children recorded in Check Item T68a or Check Item T69) <b>all have the same father?</b></p>	<p>8862 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0</u> <u>144</u> / <u>144</u></p>	
<p><b>CHECK ITEM T79</b> Do all of the children have the same father? (Item 7b, page 120 = "Yes" or Item 8a, above = "Yes")</p>	<p>8864 <input type="checkbox"/> Yes - ASK 9a-9c for first child recorded in Check Item T74a or Check Item T75 <u>0</u> <input checked="" type="checkbox"/> No - ASK 9a-9c for first and last child recorded in Check Item T74a or Check Item T75 <u>144</u> / <u>144</u></p>	
<p><b>CHECK ITEM T80</b> Does more than one child have column B, page 106 marked "Yes"?</p>	<p>8866 <input type="checkbox"/> Yes <u>34</u> <input checked="" type="checkbox"/> No - ASK 9a-9c for child marked "Yes" in column B, page 107 <u>106</u> / <u>140</u></p>	
<p><b>8b. Do</b> (Read names of all children marked "Yes" in column B, page 106) <b>all have the same mother?</b></p>	<p>8868 <input type="checkbox"/> Yes - ASK 9a-9c for youngest child marked "Yes" in column B, page 107 <u>600</u> <input checked="" type="checkbox"/> No - ASK 9a-9c for youngest and oldest child marked "Yes" in column B, page 107 <u>159</u> / <u>759</u></p>	
<p><b>9a. Why were child support payments not agreed to or awarded for ...'s (youngest) (oldest) child without an award?</b>  Record person number of child Mark (X) all that apply.</p>	<p><b>YOUNGEST CHILD</b></p> <p>8869 <u>759</u> Person number</p> <p>8871 <input type="checkbox"/> Legal paternity not established <u>63</u></p> <p>8873 <input type="checkbox"/> Unable to locate parent <u>15</u></p> <p>8875 <input type="checkbox"/> Other parent unable to pay <u>150</u></p> <p>8877 <input type="checkbox"/> Final agreement pending <u>32</u></p> <p>8879 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support <u>3</u></p> <p>8881 <input type="checkbox"/> Do not want child support <u>188</u></p> <p>8883 <input type="checkbox"/> Did not pursue award <u>213</u></p> <p>8885 <input type="checkbox"/> Other - Specify <u>138</u></p>	<p><b>OLDEST CHILD</b></p> <p>8870 <u>159</u> Person number</p> <p>8872 <input type="checkbox"/> Legal paternity not established <u>16</u></p> <p>8874 <input type="checkbox"/> Unable to locate parent <u>39</u></p> <p>8876 <input type="checkbox"/> Other parent unable to pay <u>35</u></p> <p>8878 <input type="checkbox"/> Final agreement pending <u>7</u></p> <p>8880 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support <u>1</u></p> <p>8882 <input type="checkbox"/> Do not want child support <u>19</u></p> <p>8884 <input type="checkbox"/> Did not pursue award <u>35</u></p> <p>8886 <input type="checkbox"/> Other - Specify <u>35</u></p>
<p><b>b. Where does the other parent for this (youngest) (oldest) child now live?</b></p>	<p>8887 <input type="checkbox"/> Same county / city <u>288</u></p> <p>8889 <input type="checkbox"/> Same State (different county / city) <u>134</u></p> <p>8891 <input type="checkbox"/> Different State <u>112</u></p> <p>8893 <input type="checkbox"/> Other parent deceased - SKIP to 10 <u>4</u></p> <p>8895 <input type="checkbox"/> Other - Specify <u>55</u></p> <p>x1 <input type="checkbox"/> Unknown <u>166</u> / <u>221</u></p>	<p>8888 <input type="checkbox"/> Same county / city <u>55</u></p> <p>8890 <input type="checkbox"/> Same State (different county / city) <u>21</u></p> <p>8892 <input type="checkbox"/> Different State <u>14</u></p> <p>8894 <input type="checkbox"/> Other parent deceased - SKIP to 10 <u>1</u></p> <p>8896 <input type="checkbox"/> Other - Specify <u>11</u></p> <p>x1 <input type="checkbox"/> Unknown <u>57</u> / <u>68</u></p>
<p><b>c. What is the total amount of time the (youngest) (oldest) child spent visiting the other parent in the last 12 months?</b></p>	<p>8897 <u>151</u> Days</p> <p>8900 <u>38</u> Weeks</p> <p>8902 <u>56</u> Months <u>?</u></p> <p>8904 x3 <input type="checkbox"/> None <u>514</u></p> <p>8906 x1 <input type="checkbox"/> DK <u>0</u></p>	<p>8898 <u>26</u> Days</p> <p>8901 <u>5</u> Weeks</p> <p>8903 <u>4</u> Months</p> <p>8905 x3 <input type="checkbox"/> None <u>124</u></p> <p>8907 x1 <input type="checkbox"/> DK <u>0</u></p>
<p><b>10. Were any payments received from the other parent(s) in the last 12 months for any of ...'s children without a child support agreement?</b></p>	<p>8908 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - SKIP to 12 <u>56</u> <u>703</u> / <u>759</u></p>	
<p><b>11. What is the total amount that ... received from the other parent(s) in the past 12 months?</b></p>	<p>8909 \$ <u>56</u> . <u>00</u></p> <p>OR</p> <p>x1 <input type="checkbox"/> DK</p>	
<p><b>12. Were any non-cash items or services for child support received for any of ...'s children?</b></p>	<p>8910 <input type="checkbox"/> Yes - Specify <u>193</u> <u>1318</u> / <u>1511</u></p> <p><input checked="" type="checkbox"/> No</p>	



**Section 5 - TOPICAL MODULES (Continued)**

**Part F - SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)**

**3j. What kinds of provisions for health care costs were included in the child support agreement?**  
*Mark (X) all that apply.*

<b>9128</b>	<input type="checkbox"/> Non-custodial parent to provide health insurance
<b>9130</b>	<input type="checkbox"/> Custodial parent to provide health insurance
<b>9132</b>	<input type="checkbox"/> Non-custodial parent to pay medical costs directly
<b>9134</b>	<input type="checkbox"/> Child support payments to include cash medical support
<b>9136</b>	<input type="checkbox"/> Other - <i>Specify</i> _____
<b>9138</b>	x3 <input type="checkbox"/> None

**4a. (Other than the most recent support agreement discussed above), were any of . . . 's other children outside of this household under age 21 covered by any other child support agreement?**

<b>9140</b>	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No - <i>SKIP to 4c</i>

**b. How much did . . . pay in child support for this/these agreement(s) during the past 12 months?**

<b>9142</b>	\$	. 00
	x1 <input type="checkbox"/> DK	

**c. Were any child support payments made without a child support agreement for . . . 's children under age 21 during the past 12 months?**

<b>9144</b>	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No - <i>SKIP to 5a</i>

**d. How much did . . . pay for child support under this arrangement during the past 12 months?**

<b>9146</b>	\$	. 00
	x1 <input type="checkbox"/> DK	

**5a. During the past 12 months, did . . . make regular or lump sum payments for the support of any other person not living in . . . 's household?**

<b>9148</b>	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No - <i>SKIP to Part G, page 125</i>

**b. For how many (other) persons did . . . make support payments?**

<b>9150</b>	<input type="text" value=""/> <input type="text" value=""/> Persons
	x1 <input type="checkbox"/> DK

**c. How is this person related to . . . ?**

	FIRST PERSON	SECOND PERSON
<b>9152</b>	1 <input type="checkbox"/> Parent	<b>9153</b> 1 <input type="checkbox"/> Parent
	2 <input type="checkbox"/> Spouse	2 <input type="checkbox"/> Spouse
	3 <input type="checkbox"/> Ex-spouse	3 <input type="checkbox"/> Ex-spouse
	4 <input type="checkbox"/> Child under 21	4 <input type="checkbox"/> Child under 21
	5 <input type="checkbox"/> Child 21 or older	5 <input type="checkbox"/> Child 21 or older
	6 <input type="checkbox"/> Other relative	6 <input type="checkbox"/> Other relative
	7 <input type="checkbox"/> Not related	7 <input type="checkbox"/> Not related

**d. Where was this person most often living during the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?**

<b>9154</b>	1 <input type="checkbox"/> Private home or apartment	<b>9155</b> 1 <input type="checkbox"/> Private home or apartment
	2 <input type="checkbox"/> Nursing home	2 <input type="checkbox"/> Nursing home
	3 <input type="checkbox"/> Someplace else	3 <input type="checkbox"/> Someplace else

**e. How much did . . . pay for the support of this person during the past 12 months?**

<b>9156</b>	\$	. 00	<b>9157</b>	\$	. 00
	x1 <input type="checkbox"/> DK			x1 <input type="checkbox"/> DK	

**CHECK ITEM T81** Is the entry in 5b "03" or more?

<b>9158</b>	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No - <i>SKIP to Part G, page 125</i>

**6. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?**

<b>9159</b>	\$	. 00
	x1 <input type="checkbox"/> DK	

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part G – BASIC NEEDS**

**FIELD REPRESENTATIVE NOTE** ▶

This topical module is to be asked only once per household. If the reference person is not available, ask this module of only one other knowledgeable household member.

**CHECK ITEM T82**

Is this the Reference Person's questionnaire?

**9200** 1  Yes – SKIP to 1  
2  No

**CHECK ITEM T82a**

Is the Reference Person available to be interviewed?

**9201** 1  Yes – SKIP to Check Item C1, page 128  
2  No

**ABILITY TO MEET EXPENSES**

**1. During the past 12 months, has there been a time when your household did not meet its essential expenses? By essential expenses, I mean things like the mortgage or rent payment, utility bills, or important medical care.**

**9202** 1  Yes  
2  No  
x1  DK

**FIELD REPRESENTATIVE INSTRUCTION** ▶

When asking items 2a through 2g, if respondent answers "Yes," then ask questions 3 and 4 (if applicable) before moving to the next condition.

*IF PERSONAL VISIT, SHOW FLASHCARD GG*

**2. In the past 12 months, has there been a time when your household –**

*Mark (X) all that apply.*

**a. did not pay the full amount of the rent or mortgage?** **9204** 1  Yes  
2  No  
x1  DK

**b. was evicted from your home/apartment for not paying the rent or mortgage?** **9210** 1  Yes  
2  No  
x1  DK

**c. did not pay the full amount of the gas, oil, or electricity bills?** **9216** 1  Yes  
2  No  
x1  DK

**d. had service turned off by the gas or electric company, or oil company would not deliver oil?** **9222** 1  Yes  
2  No  
x1  DK

**e. had service disconnected by the telephone company because payments were not made?** **9228** 1  Yes  
2  No  
x1  DK

**f. had someone in your household who needed to see a doctor or go to the hospital but didn't go?** **9234** 1  Yes  
2  No  
x1  DK

**g. had someone who needed to see a dentist but didn't go?** **9240** 1  Yes  
2  No  
x1  DK

**3. Did any person or organization help?**

**9206** 1  Yes  
2  No

**9212** 1  Yes  
2  No

**9218** 1  Yes  
2  No

**9224** 1  Yes  
2  No

**9230** 1  Yes  
2  No

**9236** 1  Yes  
2  No

**9242** 1  Yes  
2  No

**4. (Please look at Flashcard HH.) Who helped?**

**9208**    
x1  DK

**9214**    
x1  DK

**9220**    
x1  DK

**9226**    
x1  DK

**9232**    
x1  DK

**9238**    
x1  DK

**9244**    
x1  DK

**HELP WHEN IN NEED**

**5. Please look at Flashcard II for these next three questions. If your household had a problem with which you needed help (for example, sickness or moving), how much help would you expect to get from family living nearby?**

**9246** 1  All of the help I/we need  
2  Most of the help I/we need  
3  Very little of the help I/we need  
4  No help  
x1  DK  
x3  NA

**6. If your household had a problem with which you needed help, how much help would you expect to get from friends?**

**9248** 1  All of the help I/we need  
2  Most of the help I/we need  
3  Very little of the help I/we need  
4  No help  
x1  DK  
x3  NA

**7. If your household had a problem with which you needed help, how much help would you expect to get from other people in the community besides family and friends, such as a social agency or a church?**

**9250** 1  All of the help I/we need  
2  Most of the help I/we need  
3  Very little of the help I/we need  
4  No help  
x1  DK  
x3  NA

**Section 5 - TOPICAL MODULES (Continued)**

**Part G - BASIC NEEDS (Continued)**

**FOOD ADEQUACY**

These next few questions are about the food eaten in your household.

<p><b>8. Which of the following statements best describes the amount of food eaten in your household — (Read answer categories)?</b></p>	<p>9252</p>	<p>1 <input type="checkbox"/> Enough food to eat                  2 <input type="checkbox"/> Sometimes not enough to eat - Skip to 10                  3 <input type="checkbox"/> Often not enough to eat - Skip to 10</p>
<p><b>9. Do you have enough and the kind of food you want to eat, or do you have enough but not always the kind of food you want to eat?</b></p>	<p>9254 9256</p>	<p>1 <input type="checkbox"/> Enough and the kind                  2 <input type="checkbox"/> Enough but not always the kind } SKIP to 14</p>
<p><b>10. Thinking now about the past four months, in which of those four months did your household not have enough to eat?</b>  <i>Mark (X) all that apply.</i></p>	<p>9258 9260 9262 9264</p>	<p>1 <input type="checkbox"/> Last month                  2 <input type="checkbox"/> Two months ago                  3 <input type="checkbox"/> Three months ago                  4 <input type="checkbox"/> Four months ago</p>
<p><b>11. Here are some reasons why people don't always have enough to eat. For each of these, please tell me whether it applies to you.</b>  <i>Mark (X) all that apply.</i></p>	<p>9266 9268 9270 9272 9274</p>	<p>1 <input type="checkbox"/> Not enough money for food                  2 <input type="checkbox"/> Too hard to get to the store                  3 <input type="checkbox"/> No working stove                  4 <input type="checkbox"/> No working refrigerator                  5 <input type="checkbox"/> Not able to cook or eat because of health problems</p>
<p><b>12. Now, please think about the past 30 days. On about how many days during the past 30 days did your household not have food to make a meal or not have money or food stamps to get food?</b></p>	<p>9276</p>	<p><input type="text"/> <input type="text"/> Number of days                  x3 <input type="checkbox"/> None - SKIP to 14</p>
<p><b>13. About how much money did your household fall short on its food budget last month?</b></p>	<p>9278</p>	<p>\$ <input type="text"/> . <input type="text"/> 00</p>

NOTES

**Section 5 - TOPICAL MODULES (Continued)**

**Part G - BASIC NEEDS (Continued)**

**MINIMUM INCOME**

*(Please look at Flashcard MM.)*

**14. Which of the following categories best describes how you feel about your family income (or your own income if you are not living with relatives) — (Read categories)?**

Mark (X) only one answer.

- 9280**
- 1  **Delighted**
  - 2  **Pleased**
  - 3  **Mostly satisfied**
  - 4  **Mixed (about equally satisfied and dissatisfied)**
  - 5  **Mostly dissatisfied**
  - 6  **Unhappy**
  - 7  **Terrible**

**CHECK ITEM T83**

Refer to Item 2 on the Control Card.

- 9282**
- 1  Check digit is an even number — Ask question 15a
  - 2  Check digit is an odd number — Ask question 16a

**15a. To meet the expenses you consider necessary, what do you think is the minimum income, BEFORE TAX, a family like yours needs, on a yearly basis, to make ends meet? (If you are not living with relatives, what are the minimum income needs, BEFORE TAX, of an individual like you?)**

**9284** \$  .  00 Yearly — SKIP to Check Item C1, page 128

x1  DK

**b. If it is easier, give me an estimate for a week, 2 weeks, or a month.**

<b>9286</b>	\$ <input type="text"/>	.	<input type="text"/> 00	Per week	} SKIP to Check Item C1, page 128
<b>9288</b>	\$ <input type="text"/>	.	<input type="text"/> 00	Biweekly	
<b>9290</b>	\$ <input type="text"/>	.	<input type="text"/> 00	Per month	

**16a. In your opinion, how much would you have to SPEND each year in order to provide the BASIC necessities for your family? By basic necessities I mean barely adequate food, shelter, clothing, and other essential items required for daily living.**

**9292** \$  .  00 Yearly — Skip to Check Item C1, page 128

x1  DK

**b. If it is easier, give me an estimate for a week, 2 weeks, or a month.**

<b>9294</b>	\$ <input type="text"/>	.	<input type="text"/> 00	Per week	} SKIP to Check Item C1, page 128
<b>9296</b>	\$ <input type="text"/>	.	<input type="text"/> 00	Biweekly	
<b>9298</b>	\$ <input type="text"/>	.	<input type="text"/> 00	Per month	

NOTES

NOTES

NOTES

NOTES

# CALLBACK SUMMARY

<b>CHECK ITEM C1</b>	Are any items marked on Reminder Card for ...?	<b>5000</b>	1 <input type="checkbox"/> Yes - Mark appropriate item(s) below, then SKIP to Check Item C2 2 <input type="checkbox"/> No - SKIP to Check Item C2		
<input type="checkbox"/>	<b>1. Social Security Number</b> <i>(Enter in cc item 33a)</i>		[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	<b>2. Medicare claim number</b> <i>(Item 23b, page 8)</i>	<b>5002</b>	[ ] [ ] [ ] - [ ] [ ] -	<b>5004</b>	[ ] [ ] [ ] [ ] - <b>5005</b>
<input type="checkbox"/>	<b>3. EMPLOYER</b> <b>a. Employer #1</b> <i>(Item 8a, page 17)</i>  What was the total amount of pay received before deductions on this job in ...?	<b>5006</b>	\$ [ ] [ ] [ ] . [ ] [ ]	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5008</b>	\$ [ ] [ ] [ ] . [ ] [ ]	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5010</b>	\$ [ ] [ ] [ ] . [ ] [ ]	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5012</b>	\$ [ ] [ ] [ ] . [ ] [ ]	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	<b>b. Employer #2</b> <i>(Item 16a, page 19)</i>  What was the total amount of pay received before deductions on this job in ...?	<b>5014</b>	\$ [ ] [ ] [ ] . [ ] [ ]	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5016</b>	\$ [ ] [ ] [ ] . [ ] [ ]	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5018</b>	\$ [ ] [ ] [ ] . [ ] [ ]	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5020</b>	\$ [ ] [ ] [ ] . [ ] [ ]	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>4. SELF-EMPLOYMENT</b> <b>a. Self-employment #1</b> <i>(Item 7, page 21)</i>  What was the total amount of income received from this business in ...?	<b>5022</b>	\$ [ ] [ ] [ ] . [ ] [ ]	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5024</b>	\$ [ ] [ ] [ ] . [ ] [ ]	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5026</b>	\$ [ ] [ ] [ ] . [ ] [ ]	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5028</b>	\$ [ ] [ ] [ ] . [ ] [ ]	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	<b>b. Self-employment #2</b> <i>(Item 18, page 23)</i>  What was the total amount of income received from this business in ...?	<b>5030</b>	\$ [ ] [ ] [ ] . [ ] [ ]	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5032</b>	\$ [ ] [ ] [ ] . [ ] [ ]	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5034</b>	\$ [ ] [ ] [ ] . [ ] [ ]	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5036</b>	\$ [ ] [ ] [ ] . [ ] [ ]	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>5. What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts held jointly by husband and wife?</b> <i>(Item 2c, page 48)</i>		Amounts for the period - [ ] [ ] [ ] through [ ] [ ] [ ]		
		<b>5038</b>	\$ [ ] [ ] [ ] . [ ] [ ]	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	<b>6. What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts in own name?</b> <i>(Item 3c, page 48)</i>		<b>5040</b>	\$ [ ] [ ] [ ] . [ ] [ ]	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>7. What was the average amount in money market funds/securities/bonds held jointly by husband and wife?</b> <i>(Item 2c, page 49)</i>		<b>5042</b>	\$ [ ] [ ] [ ] . [ ] [ ]	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>8. What was the average amount in money market funds/securities/bonds in own name?</b> <i>(Item 3c, page 49)</i>		<b>5044</b>	\$ [ ] [ ] [ ] . [ ] [ ]	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>9. What was the amount received in dividends jointly by husband and wife?</b> <i>(Item 1b, page 50)</i>		<b>5048</b>	\$ [ ] [ ] [ ] . [ ] [ ]	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>10. What was the amount received in dividends in own name?</b> <i>(Item 2a, page 50)</i>		<b>5050</b>	\$ [ ] [ ] [ ] . [ ] [ ]	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<b>CHECK ITEM C2</b>	Has an interview been conducted for all household members 15+?	<b>5052</b>	1 <input type="checkbox"/> Yes - Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No - Enter finish time for this household member, THEN interview next 15+ household member		

CALLBACK SUMMARY

## INCOME SOURCE SUMMARY (ISS)

**INSTRUCTION** - Column (a) shows the income source code. In column (b), mark (X) for all sources from which income was received during the reference period. In column (c), enter the code to indicate whether the respondent used records to verify or provide amounts. Column (d) shows the type of income source. The Amounts section should be filled starting with the page number shown in column (e) for those income sources which have been marked.

<b>PGM 9</b>	ISS code	Mark (X)	Record use code	Type of income source and income source code	Amounts section page number
	(a)	(b)	(c)	(d)	(e)
			1 = Yes 2 = No 3 = Ref. 4 = Sp. Q.	<b>REMINDER</b> - After obtaining amounts for each income source, probe to determine whether the respondent was using records to provide amounts. Current reference period: _____, _____, _____, and _____ Previous reference Period: _____, _____, _____, and _____ Month and year of next interview: _____, 19 ____	
				<b>INCOME CODES 1-7</b>	
	<b>1</b>			Social Security	
	<b>2</b>			U.S. Government Railroad Retirement pay	
	<b>3</b>			Federal Supplemental Security Income (SSI)	
	<b>5</b>			State Unemployment compensation	
	<b>6</b>			Supplemental Unemployment Benefits	
				<b>INCOME CODES 8-13</b>	
	<b>8</b>			Veterans' compensation or pensions	
				<b>INCOME CODES 20-29</b>	
	<b>20</b>			Aid to Families with Dependent Children (AFDC, ADC)	
	<b>24</b>			Other Welfare - <i>Specify</i>	
	<b>25</b>			WIC (Women, Infants, and Children Nutrition Program)	
	<b>27</b>			Food Stamps	
	<b>28</b>			Child support payments	
	<b>29</b>			Alimony payments	
				<b>INCOME CODES 30-38</b>	
	<b>30</b>			Pension from company or union	
				<b>INCOME CODES 40-41</b>	
	<b>40</b>			GI Bill education benefits	
				<b>INCOME CODES 50-56</b>	
	<b>55</b>			Incidental or casual earnings	
				<b>ASSET CODES 100-150</b>	
	<b>100</b>			Interest-earning assets Regular/Passbook savings accounts in a bank, savings and loan, or credit union	
	<b>101</b>			Money market deposit accounts	(B) - 48
	<b>102</b>			Certificates of deposit or other savings certificates	
	<b>103</b>			Interest-earning checking accounts (such as NOW or Super-NOW accounts)	
	<b>104</b>			Money market funds	
	<b>105</b>			U.S. Government securities	(C) - 49
	<b>106</b>			Municipal or corporate bonds	
	<b>107</b>			Other interest-earning assets	
	<b>110</b>			Stocks or mutual fund shares	(D) - 50
	<b>120</b>			Rental property	(E) - 51
	<b>130</b>			Mortgages	
	<b>140</b>			Royalties	(F) - 52
	<b>150</b>			Other financial investments	
				<b>SPECIAL INDICATOR CODES 170-183, 200, 201</b>	
	<b>170</b>			Worked	Section 2
	<b>171</b>			Disabled	
	<b>172</b>			Medicare	
	<b>173</b>			Medicaid	
	<b>174</b>			U.S. Savings Bonds	
	<b>200</b>			VA disability rating of 100%	<b>DO NOT FILL</b>
	<b>201</b>			VA disability rating of less than 100%	

# INCOME SOURCE LIST

## INCOME LIST

Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans' compensation or pensions	35	Local government pensions
9	Black Lung payments	36	Income from paid-up life insurance policies or annuities
10	Workers' Compensation	37	Estates and trusts
11	State temporary sickness or disability benefits	38	Other payments for retirement, disability, or survivor
12	Employer or union temporary sickness policy	40	GI Bill
13	Payments from a sickness, accident, or disability insurance policy purchased on your own	41	Other Department of Veterans Affairs (VA) Educational Assistance
20	Aid to Families with Dependent Children (AFDC, ADC)	50	Income assistance from a charitable group
21	General Assistance or General Relief	51	Money from relatives or friends
22	Indian, Cuban, or Refugee Assistance	52	Lump sum payments
23	Foster Child Care payments	53	Income from roomers or boarders
24	Other welfare	54	National Guard or Reserve pay
25	WIC (Women, Infants and Children Nutrition Program)	55	Incidental or casual earnings
27	Food Stamps	56	Other cash income not included elsewhere

## ASSET LIST

## SPECIAL INDICATORS

Code	Type	Code	Type
100	Regular/Passbook savings accounts in a bank, savings and loan, or credit union	170	Worked
101	Money market deposit accounts	171	Disabled
102	Certificates of deposit or other savings certificates	172	Medicare
103	Interest-earning checking accounts (such as NOW or Super NOW accounts)	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	College Work Study
106	Municipal or corporate bonds	176	PELL Grant
107	Other interest-earning assets	177	Supplemental Educational Opportunity Grant (SEOG)
110	Stocks or mutual fund shares	178	Perkins Loan or National Direct Student Loan (NDSL)
120	Rental property	179	Stafford Loan or Guaranteed Student Loan (GSL)
130	Mortgages	180	Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)
140	Royalties	181	Assistance from Employer
150	Other financial investments	182	Fellowship/Scholarship
		183	Other financial aid
		200	VA disability rating of 100%
		201	VA disability of less than 100%

## PRE-INTERVIEW TRANSCRIPTION ITEMS

*Fill the following items with a red pencil.*

Item	Page
11a, Start time (Cover Page) .....	1
2-4, 5b, 5c, 6 .....	1
Check Item N1 .....	1
Check Item R6 .....	4
Income Roster, 11b, columns (2) and (3) .....	5
Check Item R7 .....	4
Check Item R8 .....	5
Asset Roster, 28b, columns (2) and (3) .....	12
Check Item R31 .....	12
Check Item T32 .....	82
11a, Finish time (Cover Page) .....	1